2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# L03000034962

Entity Name: RAEMISCH CHIROPRACTIC, L.L.C.

Current Principal Place of Business:

82 MAXCY PLAZA CIRCLE
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

108 LAGOON ROAD
WINTER HAVEN, FL 33884

New Mailing Address:

514 COLEMAN DR. W
WINTER HAVEN, FL 33884

FEI Number: 01-0798381 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAEMISCH, CHRISTOPHER
108 LAGOON ROAD
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

RAEMISCH, CHRISTOPHER
514 COLEMAN DR. W
WINTER HAVEN, FL 33884 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 01/07/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CHRIS, RAEMISCH
Address: 82 MAXCY PLAZA CIR
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHRIS RAEMISCH DR 01/07/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date