

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035391

FILED
Jan 08, 2006
Secretary of State

Entity Name: CORRECTIVE CARE CHIROPRACTIC, LLC

Current Principal Place of Business:

4517 26TH ST. W.
BRADENTON, FL 34207

New Principal Place of Business:

Current Mailing Address:

4517 26TH ST. W.
BRADENTON, FL 34207

New Mailing Address:

FEI Number: 20-0756268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAY, TIMOTHY G
4802 51ST ST. W.
#2009
BRADENTON, FL 34210 US

Name and Address of New Registered Agent:

JAY, TIMOTHY G
2407 COURTNEY MEADOWS CT.
#204
TAMPA, FL 33619 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:

01/08/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JAY, TIMOTHY G DR
Address: 4802 51ST ST. W. #2009
City-St-Zip: BRADENTON, FL 34210 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JAY, TIMOTHY G DR
Address: 2407 COURTNEY MEADOWS CT. #204
City-St-Zip: TAMPA, FL 33619 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. TIMOTHY JAY

MGRM

01/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date