2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000036116

1. Entity Name
ACCURATE CHIROPRACTIC, L.L.C.

Principal Place of Business	Mailing Address
9400 GLADIOLUS DRIVE, SUITE 20 FT. MYERS, FL 33908	9400 GLADIOLUS DRIVE, SUITE 20 FT. MYERS, FL 33908

DO NOT WRITE IN THIS SPACE

01282005No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
20-0243503	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RUBANO, ANGELO M JR.
9400 GLADIOLUS DRIVE, SUITE 20
FT. MYERS, FL 33908

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RUBANO, ANGELO M
STREET ADDRESS	9400 GLADIOLUS DRIVE, SUITE 20
CITY-ST-ZIP	FT. MYERS, FL 33908

TITLE	
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02/01/05-80025-019 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _Angelo M. Rubano, Jr DC_   1/28/05   (239) 481-8811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #