2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State

DOCUMENT # L03000039017 1. Entity Name MARICIO CHIROPRACTIC SOUTH LLC						04-28-2006 9	90014 04	.4 ****50	J.00
Principal Place of Business 4747 S. CONWAY RD., STE. A 0RLANDO, FL 32812 Mailing Address 4747 S. CONWAY RD., STE. A 0RLANDO, FL 32812			STE. A						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03292006	Chg-LLC	CR2E08	33 (11/05)		
City & State		City & State		4. FEI Number 05-0589			-	oplied For ot Applicable	
Zip	Country	Zip	Count	try	5. Certificate of	of Status Desired		5.00 Add	
	6, Name and Address of Current I	Registered Agent			7. Name and	Address of New Re	gistered A	gent	
ARNOLD, MATHENY & EAGAN, P.A.				Name					
801 N. MAGNOLIA AVE., STE. 201 ORLANDO, FL 32802				Street Address (P.O. Box Number is Not Acceptable)					
]						
				City			FL	Zip Code	е
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	d office or register	ed agent, or both	, in the State of Flor	rida. I am fa	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registered	Agent signature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006		Marie to app.			Make check payable to Florida Department of State				
	iling ree is 300.00		ng/ci	Roseki.				•	B .
	iling ree is 300.00	RS/MANAGERS		Karake.			Departme	•	9
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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.

407-240-8430 Daytime Phone #