

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039017

**FILED**  
**Jan 22, 2008**  
**Secretary of State**

**Entity Name:** MAURICIO CHIROPRACTIC SOUTH LLC

**Current Principal Place of Business:**

4747 S. CONWAY RD., STE. A  
ORLANDO, FL 32812

**New Principal Place of Business:**

12720 S. ORANGE BLOSSOM TRAIL  
SUITE 20  
ORLANDO, FL 32837

**Current Mailing Address:**

4747 S. CONWAY RD., STE. A  
ORLANDO, FL 32812

**New Mailing Address:**

625 S. RONALD REAGAN BLVD  
LONGWOOD, FL 32750

**FEI Number:** 05-0589556

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARNOLD, MATHENY & EAGAN, P.A.  
801 N. MAGNOLIA AVE., STE. 201  
ORLANDO, FL 32802 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MAURICIO, JOSE J  
Address: 4747 S CONWAY RD STE A  
City-St-Zip: ORLANDO, FL 32812

**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:** JOSE J. MAURICIO

MGRM

01/22/2008

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