2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2005
Secretary of State

DOCUMENT# L04000009038

Entity Name: MERRITT CHIROPRACTIC LLC

Current Principal Place of Business:

170 PORT SAINT LUCIE BLVD.
PORT SAINT LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

170 PORT SAINT LUCIE BLVD.
PORT SAINT LUCIE, FL 34984

New Mailing Address:

FEI Number: 05-0595136 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MERRITT, ROBERT B
8288 SE PINE CIRCLE
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

MERRITT, ROBERT B
9506 SE KARIN ST
HOBE SOUND, FL 33455 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: _____ 04/09/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: PST ( ) Delete
Name: MERRITT, ROBERT B
Address: 8288 SE PINE CIRCLE
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MERRITT, ROBERT B
Address: 9506 SE KARIN ST
City-St-Zip: HOBE SOUND, FL 33455

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT B. MERRITT MGRM 04/09/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date