

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009038

FILED  
May 02, 2006  
Secretary of State

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 ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MERRITT, ROBERT B  
9506 SE KARIN ST  
HOBE SOUND, FL 33455      US

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

MERRITT, ROBERT B  
170 SW PORT ST. LUCIE BLVD  
PORT ST. LUCIE, FL 34984      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: \_\_\_\_\_

05/02/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**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 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: ROBERT B. MERRITT

MGRM

05/02/2006

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