

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000015712

**FILED**  
**Apr 25, 2006**  
**Secretary of State**

**Entity Name:** WESLEY CHAPEL CHIROPRACTIC, LLC

**Current Principal Place of Business:**

27210 FOAMFLOWER BLVD.  
WESLEY CHAPLE, FL 33544

**New Principal Place of Business:**

**Current Mailing Address:**

27210 FOAMFLOWER BLVD.  
WESLEY CHAPLE, FL 33544

**New Mailing Address:**

**FEI Number:** 59-3326310      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

REDWOOD, WAYNE  
27210 FOAMFLOWER BLVD.  
WESLEY CHAPLE, FL 33544      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: MGR      ( ) Delete  
Name: REDWOOD, WAYNE  
Address: 27212 FOAMFLOWER BLVD  
City-St-Zip: WESLEY CHAPEL, FL 33544

**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: WR

MGR

04/25/2006

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