2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# L04000050126

Entity Name: SHUTT CHIROPRACTIC CENTER, L.L.C.

Current Principal Place of Business:

35008 U.S. HIGHWAY 19 N
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

204 ORCHARD GROVE PLACE
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 56-2468468 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BATES, LONDON L
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 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: SHUTT, MICHELE L DC
Address: 35008 US HIGHWAY 19 N
City-St-Zip: PALM HARBOR, FL 34684 US

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: MICHELE L. SHUTT PRES 02/12/2009

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