2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2005
Secretary of State

DOCUMENT# L04000051126

Entity Name: THE CHIROPRACTIC REHAB CENTER LLC

Current Principal Place of Business:

2626 TAMIAMI TRAIL E.
SUITE 1
NAPLES, FL 34112

New Principal Place of Business:

1000 TAMIAMI TRAIL N.
SUITE 402
NAPLES, FL 34102

Current Mailing Address:

2626 TAMIAMI TRAIL N.
SUITE 1
NAPLES, FL 34112

New Mailing Address:

14658 INDIGO LAKES CIRCLE
NAPLES, FL 34119

FEI Number: 80-0114797 **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:

COLLINS, DAVID E
2626 TAMIAMI TRAIL E.
SUITE 1
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

COLLINS, DAVID E
1000 TAMIAMI TRAIL N.
SUITE 402
NAPLES, FL 34102 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: DAVID E COLLINS 07/09/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: COLLINS, DAVID E
Address: 2626 TAMIAMI TRAIL E
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: COLLINS, DAVID E
Address: 1000 TAMIAMI TRAIL N, SUITE 402
City-St-Zip: NAPLES, FL 34102

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: DAVID E COLLINS MGR 07/09/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date