2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

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Entity Name: GATEWAY CHIROPRACTIC CLINIC, LLC

Current Principal Place of Business:

6761 LAND O LAKES BLVD.
LAND O LAKES, FL 34639

New Principal Place of Business:

6761 LAND O LAKES BLVD.
LAND O LAKES, FL 34638

Current Mailing Address:

6761 LAND O LAKES BLVD.
LAND O LAKES, FL 34639

New Mailing Address:

6761 LAND O LAKES BLVD.
LAND O LAKES, FL 34638

FEI Number: 20-1451800 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALHOIT, ROBERT S
22152 HALE RD
LAND O LAKES, FL 34639 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: MGRM ( ) Delete
Name: MALHOIT, ROBERT S
Address: 22152 HALE RD.
City-St-Zip: LAND O LAKES, FL 34639

Title: MGRM ( ) Delete
Name: MALHOIT, AMANDA L
Address: 22152 HALE RD
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MALHOIT, ROBERT S MGRM 01/03/2007

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