

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057135

FILED
Apr 30, 2005
Secretary of State

Entity Name: AQUI CHIROPRACTIC CLINIC, LLC

Current Principal Place of Business:

1350 E. MAIN STREET
SUITE B-4
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

1350 E. MAIN STREET
SUITE B-4
BARTOW, FL 33830

New Mailing Address:

FEI Number: 20-1478407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNSFORD, TINA E
100 S. ASHLEY DRIVE, SUITE 1500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

AQUI, ALEXIS G D.C.
1350 EAST MAIN STREET
B-4
BARTOW, FL 33830 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: ALEXIS G. AQUI, D.C.

04/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: AQUI, ALEXIS G
Address: 1350 E. MAIN STREET, SUITE B-4
City-St-Zip: BARTOW, FL 33830

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 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: ALEXIS G. AQUI, D.C.

MGRM

04/30/2005

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