2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007
Secretary of State

DOCUMENT# L04000057135

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:

1350 E. MAIN STREET
SUITE B-1
BARTOW, FL 33830

Current Mailing Address:

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

New Mailing Address:

1350 E. MAIN STREET
SUITE B-1
BARTOW, FL 33830

FEI Number: 20-1478407 **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:

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

Name and Address of New Registered Agent:

AQUI, ALEXIS G D.C.
1350 EAST MAIN STREET
B-1
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. 05/08/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: AQUI, ALEXIS G
Address: 1350 E. MAIN STREET, SUITE B-1
City-St-Zip: BARTOW, FL 33830

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: ALEXIS G. AQUI, D.C. DR. 05/08/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date