

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057852

FILED
Feb 03, 2005
Secretary of State

Entity Name: CHIRO-MED HEALTH AND REHAB, P.L.

Current Principal Place of Business:

655 N INDIANA AVE
ENGLEWOOD, FL 34223

New Principal Place of Business:

655 N INDIANA AVE
SUITE A
ENGLEWOOD, FL 34223

Current Mailing Address:

655 N INDIANA AVE
ENGLEWOOD, FL 34223

New Mailing Address:

655 N INDIANA AVE
SUITE A
ENGLEWOOD, FL 34223

FEI Number: 20-1509683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALISH, CAROL ANN
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 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/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: KLOPPER, KRISTIN N DR.
Address: 655 N. INDIANA AVENUE SUITE A
City-St-Zip: ENGLEWOOD, FL 34223

Title: MGR () Change (X) Addition
Name: JOSEPH, JEREMIAH B DR.
Address: 655 N. INDIANA AVENUE SUITE A
City-St-Zip: ENGLEWOOD, FL 34223

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: KRISTIN N. KLOPPER

MGR

02/03/2005

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