2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# L04000057852

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

Current Principal Place of Business:

655 N INDIANA AVE
SUITE A
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

655 N INDIANA AVE
SUITE A
ENGLEWOOD, FL 34223

New Mailing Address:

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/MANAGERS:

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

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

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 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: KRISTIN N JOSEPH MGR 02/18/2009

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