




# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 29, 2005 8:00 am**  
**Secretary of State**

07-29-2005 90082 013 \*\*\*\*50.00

<b>DOCUMENT # L04000069032</b> 1. Entity Name PORT ST. JOE CHIROPRACTIC, LLC					
Principal Place of Business 301 TWENTIETH ST PORT ST. JOE, FL 32456			Mailing Address PO BOX 669 PORT ST. JOE, FL 32457		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05182005    Chg-LLC    CR2E083 (10/03)	
6. Name and Address of Current Registered Agent				4. FEI Number	
ALTMAN, DOUGLAS DR 301 TWENTIETH ST PORT ST. JOE, FL 32456				<b>37-1495585</b>	
7. Name and Address of New Registered Agent				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, however, printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>7-29-05</b>	
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALTMAN, DOUGLAS DR		NAME		
STREET ADDRESS	PO BOX 669		STREET ADDRESS		
CITY - ST - ZIP	PORT ST. JOE, FL 32457		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>7-29-05</b> Daytime Phone #	