

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069032

FILED
Jun 02, 2009
Secretary of State

Entity Name: PORT ST. JOE CHIROPRACTIC, LLC

Current Principal Place of Business:

301 TWENTIETH ST
PORT ST. JOE, FL 32456

New Principal Place of Business:

10331 VIA ROMANO CT
MIROMAR LAKES, FL 33913

Current Mailing Address:

PO BOX 669
PORT ST. JOE, FL 32457

New Mailing Address:

10331 VIA ROMANO CT
MIROMAR LAKES, FL 33913

FEI Number: 37-1495585 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:

ALTMAN, DOUGLAS DR
301 TWENTIETH ST
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

ALTMAN, DOUGLAS DR
10331 VIA ROMANO CT
MIROMAR LAKES, FL 33913 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:

06/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALTMAN, DOUGLAS DR
Address: PO BOX 669
City-St-Zip: PORT ST. JOE, FL 32457

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALTMAN, DOUGLAS DR
Address: 10331 VIA ROMANO CT
City-St-Zip: MIROMAR LAKES, FL 33913

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: DOUGLAS ALTMAN

OWER

06/02/2009

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