

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000077408

**FILED**  
**Jan 04, 2007**  
**Secretary of State**

**Entity Name:** REED CHIROPRACTIC, PLLC

**Current Principal Place of Business:**

3651 42ND. AVENUE SOUTH  
SUITE C-104  
ST. PETERSBURG, FL 33711 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 13216  
ST. PETERSBURG, FL 33733 US

**New Mailing Address:**

**FEI Number:** 20-1870696

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROUSON & BRUMLEY, P.A.  
3110 FIRST AVE. N.  
SUITE 5W  
ST. PETERSBURG, FL 33713 US

**Name and Address of New Registered Agent:**

ROUSON & DUDLEY, P.A.  
3110 FIRST AVE. N.  
SUITE 5W  
ST. PETERSBURG, FL 33713 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:** DARRYL ERVIN ROUSON, ESQ.

01/04/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** REED, KELLY M JR, DC  
**Address:** 3651 42ND AVENUE SOUTH  
**City-St-Zip:** ST. PETERSBURG, FL 33711 US

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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:** KELLY M. REED, JR., D.C.

MGRM

01/04/2007

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