

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000092005

FILED
Dec 06, 2006
Secretary of State

Entity Name: LIVING WELL CHIROPRACTIC, PLC

Current Principal Place of Business:

1905 KNOX MCRAE DR
TITUSVILLE, FL 32780

New Principal Place of Business:

1901 KNOX MCRAE DR
TITUSVILLE, FL 32780

Current Mailing Address:

1905 KNOX MCRAE DR
TITUSVILLE, FL 32780

New Mailing Address:

1901 KNOX MCRAE DR
TITUSVILLE, FL 32780

FEI Number: 20-2044582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEEDS, DAYNE A
1905 KNOX MCRAE DRIVE
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

DEEDS, DAYNE A
1901 KNOX MCRAE DRIVE
TITUSVILLE, FL 32780 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: DAYNE DEEDS

12/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DEEDS, DAYNE A
Address: 1905 KNOX MCRAE DRIVE
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DEEDS, DAYNE A
Address: 1901 KNOX MCRAE DRIVE
City-St-Zip: TITUSVILLE, FL 32780

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: DAYNE DEEDS

DR

12/06/2006

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