

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019125

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: NATURE COAST CHIROPRACTIC CLINIC, L.L.C.

## Current Principal Place of Business:

11099 HEARTH RD  
SPRING HILL, FL 34608

## New Principal Place of Business:

5160 MARINER BLVD  
SPRING HILL, FL 34609

## Current Mailing Address:

11099 HEARTH RD  
SPRING HILL, FL 34608

## New Mailing Address:

5160 MARINER BLVD  
SPRING HILL, FL 34609

FEI Number: 34-2038027

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOSS, MICHAEL B  
11099 HEARTH RD  
SPRING HILL, FL 34608 US

## Name and Address of New Registered Agent:

MOSS, MICHAEL B  
5160 MARINER BLVD  
SPRING HILL, FL 34609 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: MICHAEL B MOSS

03/02/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MOSS, MICHAEL B  
Address: 8202 SPANISH OAK DRIVE  
City-St-Zip: SPRING HILL, FL 34606

Title: MGRM ( ) Delete  
Name: MOSS, DARYL L  
Address: 3365 GULFCOAST DRIVE  
City-St-Zip: HERNANDO BEACH, FL 34607

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition  
Name: RHONDA, GAROFANO  
Address: 10109 CHERRYHILL COURT  
City-St-Zip: SPRING HILL, FL 34608

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: MICHAEL B MOSS

MGRM

03/02/2009

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