

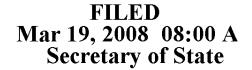
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000031073

ORCHID SPRINGS CHIROPRACTIC HEALTHCARE CENTER, LLC



Principal Place of Business **605 OVERLOOK DRIVE** WINTER HAVEN, FL 33884 Mailing Address 605 OVERLOOK DRIVE WINTER HAVEN, FL 33884





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03082008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2600172

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUMPHREY, GARY DR. 605 OVERLOOK DRIVE WINTER HAVEN, FL 33884

DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this statement to the obligations of registered agent.	r the purpose of changing its re	egistered office or registered age	int, or both, in the State of Florida.	I am familiar with, and accept
SI	GNATURE				

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	HUMPHREY, GARY V			
STREET ADDRESS	605 OVERLOOK DRIVE			
CITY-ST-ZIP	WINTER HAVEN, FL 33884			
TITLE	MGRM			
NAME	HUMPHREY, DORIS A			
STREET ADDRESS	605 OVERLOOK DRIVE			
CITY-ST-ZIP	WINTER HAVEN, FL 33884			
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11. I hereby certify that the information supplied with this filing does not qualify for the experience on this countries and the supplied with this filing does not qualify for the experience of the supplied with the supplied wi				

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DO NOT WRITE IN THIS SPACE

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 EMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #