

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # L05000031073

1. Entity Name
**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**



03082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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 for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000863521
04/03/08-80095-003 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/17/08
Date

Daytime Phone # _____