2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
04-06-2006 90295 044 ****50.00

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1. Entity Name
INTEGRATIVE CHIROPRACTIC & PHYSICAL THERAPY SOLUTIONS, LLC

Principal Place of Business	Mailing Address
RB OFFICE PARK UNITS A&B 4657 GULF BREEZE HIGHWAY GULF BREEZE, FL 32563	RB OFFICE PARK UNITS A&B 4657 GULF BREEZE HIGHWAY GULF BREEZE, FL 32563

03242006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 56-2484590 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CANN, KAREN DR
RB OFFICE PARK UNITS A&B
4657 GULF BREEZE HIGHWAY
GULF BREEZE, FL 32563

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] DR. KAREN A. CANN 4/3/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CANN, KAREN DR 2478 HOUSTON CIRCLE GULF BREEZE, FL 32563 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] DR. KAREN A. CANN 4/3/06 850) 916-9304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #