


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90295 044 ****50.00

DOCUMENT # L05000037659	
1. Entity Name INTEGRATIVE CHIROPRACTIC & PHYSICAL THERAPY SOLUTIONS, LLC	

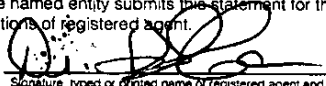
Principal Place of Business RB OFFICE PARK UNITS A&B 4657 GULF BREEZE HIGHWAY GULF BREEZE, FL 32563	Mailing Address RB OFFICE PARK UNITS A&B 4657 GULF BREEZE HIGHWAY GULF BREEZE, FL 32563
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03242006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 56-2484590	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

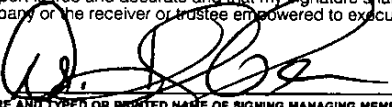
6. Name and Address of Current Registered Agent CANN, KAREN DR RB OFFICE PARK UNITS A&B 4657 GULF BREEZE HIGHWAY GULF BREEZE, FL 32563	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip 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 	DATE 4/3/06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE 4/3/06 857 916-9304