

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**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**



01152007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

000000601673  
01/26/07-80058-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CANN, KAREN DR 2478 HOUSTON CIRCLE GULF BREEZE, FL 32563
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**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

Date

Daytime Phone #

1-21-07 (850) 916 9304