2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042602

Entity Name: ASHLEY PARK CHIROPRACTIC, L.L.C.

6412 QUEENSBOROUGH AVENUE, #208

Address:

City-St-Zip: ORLANDO, FL 32835

FILED Jul 02, 2008 Secretary of State

| Current P | rincipal Place of Business: | New Principal | New Principal Place of Business: | |
|---|--|---|--|--|
| SUITE 404 | LEY PARK COURT 4 D, FL 32835 | | | |
| Current Mailing Address: | | New Mailing A | New Mailing Address: | |
| SUITE 404 | LEY PARK COURT 4 D, FL 32835 | | | |
| In accordan | :: 20-2768760 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the limited liability con d Address of Current Registered Agent: | | | |
| 6412 QUE | Y, DR. MARK ADAM ENSBOROUGH AVENUE, #208 D, FL 32835 US | | | |
| | e named entity submits this statement for the p e of Florida. | ourpose of changing its re | gistered office or registered agent, or both | |
| SIGNATU | RE: | | | |
| | Electronic Signature of Registered Age | ent | Date | |
| MANAGING MEMBERS/MANAGERS: | | ADDITIONS/CHAN | GES: | |
| Title: Name: Address: City-St-Zip: | MGRM () Delete KOSINSKY, EVELYN IRENE 6412 QUEENSBOROUGH AVENUE, #208 ORLANDO, FL 32835 | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: | MGRM () Delete KOSINSKY, DR. MARK ADAM | Title: Name: | () Change () Addition | |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK KOSINSKY MGRM 07/02/2008