2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047792

FILED Apr 24, 2008 Secretary of State

Entity Name: BACK TO LIFE CHIROPRACTIC OF THE TREASURE COAST, LLC

Current Principal Place of Business: New Principal Place of Business:

704 FLORIDA AVENUE 801 FLORIDA AVENUE FORT PIERCE, FL 34950 FORT PIERCE, FL 34950

Current Mailing Address: New Mailing Address:

704 FLORIDA AVENUE 801 FLORIDA AVENUE FORT PIERCE, FL 34950 FORT PIERCE, FL 34950

FEI Number: 20-2924475 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KOBLEGARD, R.N. III ESQ 200 SOUTH INDIAN RIVER DRIVE SUITE 201 FORT PIERCE, FL 34950 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGRM () Delete CHEYNE, ROBERT S Name: Address: 704 FLORIDA AVENUE

City-St-Zip: FORT PIERCE, FL 34950

Title: MGRM () Delete Name: CHEYNE, KRISTEN K

Address: 704 FLORIDA AVENUE City-St-Zip: FORT PIERCE, FL 34950 Title: (X) Change () Addition

CHEYNE, ROBERT S Name: Address: 801 FLORIDA AVENUE City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition

Name: CHEYNE, KRISTEN K Address: 801 FLORIDA AVENUE City-St-Zip: FORT PIERCE, FL 34950

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: ROBERT S. CHEYNE **MGRM** 04/24/2008