

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047792

FILED  
Aug 16, 2009  
Secretary of State

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

**Current Principal Place of Business:**

801 FLORIDA AVENUE  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

801 FLORIDA AVENUE  
FORT PIERCE, FL 34950

**New Mailing Address:**

**FEI Number:** 20-2924475      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**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:**

Title: MGRM ( ) Delete  
Name: CHEYNE, ROBERT S  
Address: 801 FLORIDA AVENUE  
City-St-Zip: FORT PIERCE, FL 34950

Title: MGRM ( ) Delete  
Name: CHEYNE, KRISTEN K  
Address: 801 FLORIDA AVENUE  
City-St-Zip: FORT PIERCE, FL 34950

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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: KRISTEN CHEYNE

MGRM

08/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date