2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2006
Secretary of State

DOCUMENT# L05000053063

Entity Name: NORTHLAKE CHIROPRACTIC, LLC

Current Principal Place of Business:

4104 MYRTLEWOOD CIRCLE, EAST
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

3309 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33403 US

Current Mailing Address:

4104 MYRTLEWOOD CIRCLE, EAST
PALM BEACH GARDENS, FL 33418

New Mailing Address:

3309 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33403 US

FEI Number: 84-1710587 **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:

DOORAKIAN, DANIEL ESQ.
625 NORTH FLAGLER DRIVE, 9TH FLOOR
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

FORM-A-CORP, INC.
100 VILLAGE SQUARE CROSSING
SUITE 103
PALM BEACH GARDENS, FL 33403 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: BY: KEVIN RUBEL (VICE PRESIDENT) 07/06/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: PREFER, STEPHEN
Address: 3309 NORTHLAKE BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33403 US

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN PREFER MGRM 07/06/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date