

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057118

FILED
Feb 24, 2007
Secretary of State

Entity Name: SOTO CHIROPRACTIC & PHYSICAL THERAPY CENTERS, LLC

Current Principal Place of Business:

GLADES CHIROPRACTIC CENTER
1100 S. MAIN STREET
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

11720 ST. ANDREWS PLACE, #304
WELLINGTON, FL 334147075

New Mailing Address:

FEI Number: 11-3752023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOTO, MANUEL L III
11720 ST. ANDREWS PLACE, #304
WELLINGTON, FL 334147075 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: SOTO, MANUEL L III
Address: 11720 ST. ANDREWS PLACE, #304
City-St-Zip: WELLINGTON, FL 334147075

ADDITIONS/CHANGES:

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

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: MANUEL L. SOTO III

MGR

02/24/2007

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