2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2008
Secretary of State

DOCUMENT# L05000057118

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:

1550 CARRIAGE BROOKE DR.
WELLINGTON, FL 334147075

New Mailing Address:

1550 CARRIAGE BROOKE DR.
WELLINGTON, FL 334146120

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
1550 CARRIAGE BROOKE DRIVE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

SOTO, MANUEL L III
1550 CARRIAGE BROOKE DRIVE
WELLINGTON, FL 334146120 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: MANUEL L. SOTO III 02/10/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SOTO, MANUEL L III
Address: 1550 CARRIAGE BROOKE DR.
City-St-Zip: WELLINGTON, FL 334147075

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SOTO, MANUEL L III
Address: 1550 CARRIAGE BROOKE DR.
City-St-Zip: WELLINGTON, FL 334146120

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: MANUEL L. SOTO III MGR 02/10/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date