

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057118

FILED
Apr 27, 2009
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:

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

Current Mailing Address:

1550 CARRIAGE BROOKE DR.
WELLINGTON, FL 334146120

New Mailing Address:

1550 CARRIAGE BROOKE DR.
WELLINGTON, FL 334146120 US

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 334146120 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: 1550 CARRIAGE BROOKE DR.
City-St-Zip: WELLINGTON, FL 334146120

ADDITIONS/CHANGES:

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

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

04/27/2009

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