

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90019 040 ***138.75

DOCUMENT # L05000067621

1. Entity Name
DAYTONA SPINAL DECOMPRESSION LLC



Principal Place of Business
**569 HEALTH BLVD.
SUITE B
DAYTONA BEACH, FL 32114 US**

Mailing Address
**569 HEALTH BLVD.
SUITE B
DAYTONA BEACH, FL 32114 US**

60000685



01082008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number 20-3273149		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ANTOS, JAMES C D.C. 1148 CHAMPIONS DRIVE DAYTONA BEACH, FL 32124				Name Antos, James C DC.			
				Street Address (P.O. Box Number is Not Acceptable)			
				1190 Champions Drive			
				City Daytona Beach FL Zip Code 32124			

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **James C Antos DC** (NOTE: Registered Agent signature required when reinstating) DATE **1-8-2008**

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTOS, JAMES C D.C. 1148 CHAMPIONS DRIVE DAYTONA BEACH, FL 32124	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1190 Champions Drive	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTOS, MARY J 1148 CHAMPIONS DRIVE DAYTONA BEACH, FL 32124	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1190 Champions Drive	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTOS, JAMES J 1039 PARKWOOD DR. ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: **James C Antos DC** **1-8-2008** **386-274-2949**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #