

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096696

FILED  
Jan 17, 2007  
Secretary of State

Entity Name: DR. WILLIAM KYLE NEVIUS, D.C., LLC

**Current Principal Place of Business:**

5390 PARK CENTRAL COURT  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

5390 PARK CENTRAL COURT  
NAPLES, FL 34109 US

**New Mailing Address:**

FEI Number: 20-3592540

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEVIUS, WILLIAM K M.D.  
7562 CORDOBA CIRCLE  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

NEVIUS, WILLIAM K M.D.  
5390 PARK CENTRAL COURT  
NAPLES, FL 34109 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:

01/17/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NEVIUS, WILLIAM K DC.  
Address: 7562 CORDOBA CIRCLE  
City-St-Zip: NAPLES, FL 34109

**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: WILLIAM KYLE NEVIUS

MGR

01/17/2007

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