2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# L05000096813

Entity Name: FLORIDA CHIROPRACTIC HEALTH CENTER, LLC

Current Principal Place of Business:

1900 BOOTHE CIRCLE
LONGWOOD, FL 32750

New Principal Place of Business:

1900 BOOTHE CIRCLE
SUITE 100
LONGWOOD, FL 32750

Current Mailing Address:

1900 BOOTHE CIRCLE
LONGWOOD, FL 32750

New Mailing Address:

1900 BOOTHE CIRCLE
SUITE 100
LONGWOOD, FL 32750

FEI Number: 20-3599723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CROWELL & CARMONA, P.A.
341 N. MAITLAND AVE,
STE 280
ORLANDO, FL 32751 US

Name and Address of New Registered Agent:

TOBENAS, EDUARDO D.C.
1900 BOOTHE CIRCLE
SUITE 100
LONGWOOD, FL 32750 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: ED TOBENAS, DC 04/18/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TOBENAS, EDUARDO
Address: 1900 BOOTHE CIR SUITE 100
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: TOBENAS, EDUARDO D.C.
Address: 1900 BOOTHE CIR SUITE 100
City-St-Zip: LONGWOOD, FL 32750

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: ED TOBENAS, DC MGRM 04/18/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date