2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

DOCUMENT# L05000096963

Entity Name: FLORIDA CHIROPRACTIC LLC

Current Principal Place of Business:

693 SW PORT ST. LUCIE BLVD.
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

693 SW PORT ST. LUCIE BLVD.
PORT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: 20-3590880 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLY, MICHAEL
693 SW PORT ST. LUCIE BLVD.
PORT ST LUCIE, FL 34953 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: MICHAEL T KELLY DC P, A
Address: 693 SW PORT ST LUCIE BLVD
City-St-Zip: PORT ST LUCIE, FL 34953

Title: MGRM ( ) Delete
Name: MARK S MAIER DC PA,
Address: 693 SW PORT ST LUCIE BLVD
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MICHAEL T KELLY MGR 04/09/2007

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