

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101450

FILED
May 15, 2007
Secretary of State

Entity Name: REMEDI SPA & CHIROPRACTIC CENTER, LLC

Current Principal Place of Business:

1701 S. ALEXANDER STREET, SUITE 112-2
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

1701 S. ALEXANDER STREET, SUITE 112-2
PLANT CITY, FL 33566

New Mailing Address:

FEI Number: 90-0253901 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DUNN, JEFFREY E DR.
1701 S. ALEXANDER STREET, SUITE 112-2
PLANT CITY, FL 33566 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DUNN CHIROPRACTIC, I, NC.
Address: 1701 S. ALEXANDER STREET, SUITE 112-2
City-St-Zip: PLANT CITY, FL 33566

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 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: JEFFREY E. DUNN, D.C.

MGRM

05/15/2007

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