


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90035 002 ****50.00

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| DOCUMENT # L05000108648 |  |
| 1. Entity Name BEST IMAGE CHIROPRACTIC, LLC | |

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| Principal Place of Business 1935 DARDANELLE DR. ORLANDO, FL 32808 | Mailing Address 1935 DARDANELLE DR. ORLANDO, FL 32808 |
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| 2. Principal Place of Business 815 NORTH PINE HILLS RD Suite, Apt. #, etc. # B City & State ORLANDO FL Zip 32808 Country | 3. Mailing Address 815 NORTH PINE HILLS RD Suite, Apt. #, etc. # B City & State ORLANDO FL Zip 32808 Country |
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00011401



04262006 Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 20-3759397 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent ELISTANE, JACQUES 1935 DARDANELLE DR. ORLANDO, FL 32808 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$50.00 Due by May 1, 2006 | 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 | MGRM ELISTANE, JACQUES 1935 DARDANELLE DR. ORLANDO, FL 32808 <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 | MGRM IKWUGWALU, INNOCENT 1935 DARDANELLE DR. ORLANDO, FL 32808 <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 |
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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.

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| SIGNATURE:  | IKWUGWALU INNOCENT 4/26/06 407-294-2007 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date Daytime Phone # |