2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119855

Entity Name: G&S CHIROPRACTIC LLC

FILED Jan 12, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2624 FOREST HILL BLVD WEST PALM BEACH, FL 33406

Current Mailing Address: New Mailing Address:

145 EXECUTIVE CIRCLE 8493 BREEZY HILL DRIVE BOYNTON BEACH, FL 33436 BOYNTON BEACH, FL 33437

FEI Number: 20-3970506 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

STEVEN, COHEN C

145 EXECUTIVE CIRCLE

BOYNTON BEACH, FL 33436 US

STEVEN, COHEN C

8493 BREEZY HILL DRIVE

BOYNTON BEACH, FL 33437 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: STEVEN C COHEN 01/12/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition
Name: COHEN, STEVEN C Name: COHEN, STEVEN C
Address: 145 EXECUTIVE CIRCLE Address: 8493 BREEZY HILL DRIVE

City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: BOYNTON BEACH, FL 33437

 Title:
 MGRM () Delete
 Title:
 () Change () Addition

 Name:
 WEINSTEIN, GARRETT R
 Name:

 Address:
 10865 BLUE PALM STREET
 Address:

 City-St-Zip:
 PLANTATION, FL 33324
 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: STEVEN C COHEN VP/T 01/12/2007