2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000121856

1. Entity Name
CARLE CHIROPRACTIC CLINIC, PLLC

Principal Place of Business	Mailing Address
5664 BEE RIDGE ROAD STE 100 SARASOTA, FL 34236	5664 BEE RIDGE ROAD STE 100 SARASOTA, FL 34236

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03022006   Chg-LLC   CR2E083 (11/05)

4. FEI Number 20-399 2415   ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
MOORE, JOHN L 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City _____ FL _____ Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		**10.**	ADDITIONS/CHANGES	
TITLE MMGR NAME Kenneth D Carle STREET ADDRESS 5664 Bee Ridge Rd #700 CITY-ST-ZIP Sarasota, FL 34233	☐ Delete	TITLE MMGR NAME Kenneth Carle STREET ADDRESS 5664 Bee Ridge Rd #100 CITY-ST-ZIP Sarasota, FL 34233	☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

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.

SIGNATURE: _Kenneth Carle DC_   3-3-06   941-379-2737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #