## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000122614

Entity Name: VELOCITY CHIROPRACTIC & REHAB, PLLC

US

FILED Feb 20, 2007 Secretary of State

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

7702 BRIAN LOOP 5151 SOUTH LAKELAND DRIVE LAKELAND, FL 33810 US

SUITE 6

LAKELAND, FL 33813

**Current Mailing Address: New Mailing Address:** 

7702 BRIAN LOOP 5151 SOUTH LAKELAND DIRVE LAKELAND, FL 33810

SUITE 6

LAKELAND, FL 33813 US

FEI Number: 56-2547772 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:

ZAMZOW, JOSEPH A ZAMZOW, JOSEPH A

7702 BRIÁN LOOP 5151 SOUTH LAKELAND, DRIVE

LAKELAND, FL 33810 US SUITE 6 LAKELAND, FL 33813 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: 02/20/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

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

ZAMZOW, JOSEPH A Name: Name: Address: 7702 BRIAN LOOP Address: City-St-Zip: LAKELAND, FL 33810 US City-St-Zip:

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

Name: MAJETTE, MICHAEL S Name: Address: 1501 GRASSLANDS BOULEVARD #39 Address: City-St-Zip: LAKELAND, FL 33813 US 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 Statutés. 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: JOSEPH A. ZAMZOW **MGRM** 02/20/2007