2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# L06000001116

Entity Name: BRUCE CHIROPRACTIC AND COMPREHENSIVE CARE, PLLC

Current Principal Place of Business:

2135 S.W. 19TH AVENUE ROAD, SUITE 101
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

2135 S.W. 19TH AVENUE ROAD, SUITE 101
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 20-4042016 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRUCE, MICHAEL P
2135 S.W. 19TH AVENUE ROAD, SUITE 101
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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: BRUCE, MICHAEL P
Address: 824 S.E. SANCHEZ AVENUE
City-St-Zip: OCALA, FL 34471 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: DRUBIN, DANIEL T
Address: 1363 W. STONY RUN PLACE
City-St-Zip: ORO VALLEY, AZ 85755 US

Title: MGRM ( ) Change (X) Addition
Name: MCKENNEY, CHRIS W
Address: 5608 S.E. 113TH STREET, SUITE A
City-St-Zip: BELLEVIEW, FL 34420 US

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: MICHAEL P. BRUCE MGRM 04/15/2008

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