

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000001116

FILED
Feb 01, 2009
Secretary of State

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:

2135 S.W. 19TH AVENUE ROAD, SUITE 101
OCALA, FL 34471 US

Current Mailing Address:

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

New Mailing Address:

2135 S.W. 19TH AVENUE ROAD, SUITE 101
OCALA, FL 34471 US

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:

BRUCE, MICHAEL P
2135 S.W. 19TH AVENUE ROAD, SUITE 101
OCALA, FL 34471 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: MICHAEL P. BRUCE

02/01/2009

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

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

ADDITIONS/CHANGES:

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

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

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

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

02/01/2009

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