


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90028 048 ****50.00

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1. Entity Name
FLORIDA CHIROPRACTIC AND REHABILITATION CLINICS, P.L.



Principal Place of Business Mailing Address
2740 WISTERIA PLACE **2740 WISTERIA PLACE**
SARASOTA, FL 34239 **SARASOTA, FL 34239**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3540 S. OSPREY AVE. **3540 S. OSPREY AVE.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Sarasota, FL **Sarasota, FL**
 Zip Country Zip Country
34239 **USA** **34239** **USA**

07262007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-4111078 Not Applicable

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



6. Name and Address of Current Registered Agent

ROSENBERG, DAVID H ESQ.
6151 LAKE OSPREY DRIVE
THIRD FLOOR, SUITE 338
SARASOTA, FL 34240

7. Name and Address of New Registered Agent

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

Filing Fee is \$50.00 Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTERS, JARED A	NAME	
STREET ADDRESS	2740 WISTERIA PLACE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34239	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **7/27/7** **941-955-3272**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #