

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005225

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** FLORIDA CHIROPRACTIC AND REHABILITATION CLINICS, P.L.

**Current Principal Place of Business:**

3540 S OSPREY AVE  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

3540 S OSPREY AVE  
SARASOTA, FL 34239

**New Mailing Address:**

**FEI Number:** 20-4111078

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSENBERG, DAVID H ESQ.  
6151 LAKE OSPREY DRIVE  
THIRD FLOOR, SUITE 338  
SARASOTA, FL 34240 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: WINTERS, JARED A  
Address: 2740 WISTERIA PLACE  
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES:**

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: J WINTERS DC

MGRM

04/06/2009

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