

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032759

FILED
May 04, 2008
Secretary of State

Entity Name: LIFESTYLES CHIROPRACTIC LLC

Current Principal Place of Business:

11300 LINDBERGH BLVD. #108
FT. MYERS, FL 33913

New Principal Place of Business:

11300 LINDBERGH BLVD. #108
107
FT. MYERS, FL 33913

Current Mailing Address:

9512 BLUE STONE CIRCLE
FORT MYERS, FL 33913

New Mailing Address:

11300 LINDBERGH BLVD. #108
107
FT. MYERS, FL 33913

FEI Number: 20-4347925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WICKMANN, TODD EUGENE
9512 BLUE STONE CIRCLE
FORT MYERS, FL 33913 US

Name and Address of New Registered Agent:

WICKMANN, TODD EUGENE
12645 GEMSTONE COURT
FORT MYERS, FL 33913 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:

05/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SPORT & SPINAL REHAB. , PSC
Address: 11300 LINDBERGH BLVD. SUITE #107
City-St-Zip: FT. MYERS, FL 33913

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: KATIA WICKMANN

MRS.

05/04/2008

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