2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 04, 2007
Secretary of State

DOCUMENT# L06000034260

Entity Name: ALL AMERICA CHIROPRACTIC & REHABILITATION, LLC

Current Principal Place of Business:

1111 N. KENTUCKY AVE., SUITE B
WINTER PARK, FL 32789

New Principal Place of Business:

670 N ORLANDO AVE.
103
MAITLAND, FL 32751

Current Mailing Address:

1111 N. KENTUCKY AVE., SUITE B
WINTER PARK, FL 32789

New Mailing Address:

670 N. ORLAVDO AVE.
103
MAITLAND, FL 32751

FEI Number: 47-0846910 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STEINMETZ, MATTHEW A
1111 N. KENTUCKY AVE., SUITE B
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

STEINMETZ, MATTHEW A
670 N. ORLANDO AVE.
103
MAITLAND, FL 32751 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: _____ 09/04/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: STEINMETZ, MICHAEL A
Address: 1111 N. KENTUCKY AVE., SUITE B
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: STEINMETZ, MATTHEW A
Address: 670 N. ORLANDO AVE. SUITE 103
City-St-Zip: MAITLAND, FL 32751

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: MATTHEW A. STEINMETZ MGR 09/04/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date