

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036628

FILED
Jul 28, 2008
Secretary of State

Entity Name: EQUALIGN CHIROPRACTIC SYSTEMS LLC

Current Principal Place of Business:

601 AVE. B NW
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

601 AVE. B NW
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 83-0454728 **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:

Name and Address of New Registered Agent:

LUNDQUIST, DAVID DC
601 AVE. B NW
WINTER HAVEN, FL 33881 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LUNDQUIST, DAVID DC
Address: 601 AVE. B NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGRM () Delete
Name: COREN, WENDY DC
Address: 10 BRICK SCHOOL DR.
City-St-Zip: WEST REDDING, CT 06896

ADDITIONS/CHANGES:

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: DAVID N LUNDQUIST DC

CFO

07/28/2008

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