

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036628

FILED  
Mar 26, 2009  
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:**

10 BRICK SCHOOL DRIVE  
WEST REDDING, CT 06896

FEI Number: 83-0454728

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: COREN, DUSTIN S  
Address: 10 BRICK SCHOOL DRIVE  
City-St-Zip: WEST REDDING, CT 06896

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 LUNDQUIST DC

MGRM

03/26/2009

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