

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000045723

FILED
Apr 02, 2008
Secretary of State

Entity Name: BARTZ CHIROPRACTIC, L.L.C.

Current Principal Place of Business:

3640 BAL HARBOR BLVD., #411
PUNTA GORDA, FL 33950

New Principal Place of Business:

814 SW PINE ISLAND ROAD
SUITE 306
CAPE CORAL, FL 33991

Current Mailing Address:

DAVID A. HOLMES
99 NESBIT STREET
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 20-4928300 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMES, DAVID A
FARR, FARR, EMERICH, HACKETT AND CARR, PA
99 NESBIT STREET
PUNTA GORDA, FL 33950 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: MGR () Delete
Name: BARTZ, DANIEL J D.C.
Address: 3640 BAL HARBOR BOULEVARD, #411
City-St-Zip: PUNTA GORDA, FL 33950

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: DANIEL J. BARTZ

MGR

04/02/2008

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