2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# L06000045723

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

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:

BARTZ, DANIEL J D.C.
814 SW PINE ISLAND ROAD
SUITE 306
CAPE CORAL, FL 33991 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: MGR (X) Change ( ) Addition
Name: BARTZ, DANIEL J D.C.
Address: 814 SW PINE ISLAND ROAD, SUITE 306
City-St-Zip: CAPE CORAL, FL 33991

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 01/12/2009

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