

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050028

FILED
Mar 31, 2007
Secretary of State

Entity Name: CLEARWATER CHIROPRACTIC CENTER, LLC

Current Principal Place of Business:

4625 EAST BAY DRIVE
SUITE #301
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

4625 EAST BAY DRIVE
SUITE #301
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GRUNSTEIN, JARRETT
1818 SUNSET POINT ROAD
APT# B
CLEARWATER, FL 33765 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: GRUNSTEIN, JARRETT
Address: 1818 SUNSET POINT ROAD APT. B
City-St-Zip: CLEARWATER, FL 33765

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 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: DR. JARRETT GRUNSTEIN

DR

03/31/2007

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