

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057921

FILED
Apr 05, 2007
Secretary of State

Entity Name: FREEPORT FAMILY CHIROPRACTIC CLINIC, LLC

Current Principal Place of Business:

P.O. BOX 625
FREEPORT, FL 32439 US

New Principal Place of Business:

40 WASHINGTON STREET
FREEPORT, FL 32439 US

Current Mailing Address:

P.O. BOX 625
FREEPORT, FL 32439 US

New Mailing Address:

40 WASHINGTON STREET
FREEPORT, FL 32439 US

FEI Number: 20-4994667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAIRD, JENNIFER L
40 WASHINGTON ST.
FREEPORT, FL 32439 US

Name and Address of New Registered Agent:

LAIRD, JENNIFER L
40 WASHINGTON STREET
FREEPORT, FL 32439 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: JENNIFER L. LAIRD MGR

04/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LAIRD, JENNIFER L
Address: P.O. BOX 625
City-St-Zip: FREEPORT, FL 32439 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LAIRD, JENNIFER L
Address: 40 WASHINGTON STREET
City-St-Zip: FREEPORT, FL 32439 US

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: JENNIFER L. LAIRD

MGR

04/05/2007

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