2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# L06000059760

Entity Name: VILLELLA CHIROPRACTIC, PLC

Current Principal Place of Business:

231 9TH STREET SOUTH
NAPLES, FL 34102

New Principal Place of Business:

900 6TH AVE. S.
SUITE 204
NAPLES, FL 34102

Current Mailing Address:

231 9TH STREET SOUTH
NAPLES, FL 34102

New Mailing Address:

900 6TH AVE. S
SUITE 204
NAPLES, FL 34102

FEI Number: 20-5028449 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE REGISTERED AGENT, LLC
5147 CASTELLO DRIVE
NAPLES, FL 34103 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: VILLELLA, RAFFAELA M
Address: 231 9TH STREET SOUTH
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: VILLELLA, RAFFAELA M
Address: 900 6TH AVE. S SUITE 204
City-St-Zip: NAPLES, FL 34102

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: RAFFAELA M. A. VILLELLA MGRM 04/24/2007

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