2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008
Secretary of State

DOCUMENT# L06000059836

Entity Name: RIVERA FAMILY CHIROPRACTIC CENTER L.L.C.

Current Principal Place of Business:

4918 CAINS WREN TR
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

4918 CAINS WREN TR
SANFORD, FL 32771

New Mailing Address:

FEI Number: 20-5024626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOREY, ROBERT K
595 W. GRANADA BLVD., SUITE A
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

DEJESUS, HECTOR M
1121 SAXON BLVD
ORANGE CITY, FL 32763 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: HECTOR M. DEJESUS 02/18/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: RIVERA, ALICIA A
Address: 4918 CAINS WREN TR
City-St-Zip: SANFORD, FL 32771

Title: MGR ( ) Delete
Name: RIVERA, OMAR M SR.
Address: 4918 CAINS WREN TR
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: OMAR M. RIVERA MGR 02/18/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date