

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90193 019 *****50.00

DOCUMENT # L06000061935

1. Entity Name

CHIROPRACTIC CARE AND REHAB CENTER, LLC



Principal Place of Business

Mailing Address

9250 CORKSCREW RD., SUITE 4
ESTERO FL 33928

19123 VINTAGE TRACE CIRCLE
FT. MYERS FL 33912



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

9250 Corkscrew Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 4

City & State

City & State

ESTERO FL

Zip

Country

Zip

33928

Country

USA

1st MOORE

CR2E083 (10/06)

4. FEI Number

205022945

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIROUX, DAVID
19123 VINTAGE TRACE CIRCLE
FT. MYERS FL 33912

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGR
GIROUX, MICHELLE M D.C.
19123 VINTAGE TRACE CIRCLE
FT. MYERS FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
13888 Cleto Dr.
ESTERO, FL 33928 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGR
GREEN, CHRISTOPHER M D.C.
19123 VINTAGE TRACE CIRCLE
FT. MYERS FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
13888 Cleto Dr.
ESTERO, FL 33928 ☒ Change ☐ Addition

TITLE
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☐ Delete

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-26-07 239) 495-1166