

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087260

FILED
Mar 26, 2007
Secretary of State

Entity Name: 210 FAMILY CHIROPRACTIC CENTER, L.L.C.

Current Principal Place of Business:

163-4 HAMPTON POINT DR.
SAINT AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

163-4 HAMPTON POINT DR.
SAINT AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 20-5500924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVEIRA, AGOSTINHO M
3412 S. SAXXON RD.
SAINT AUGUSTINE, FL 32092 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: MGR () Delete
Name: OLIVEIRA, AGOSTINHO M
Address: 3412 S. SAXXON RD.
City-St-Zip: SAINT AUGUSTINE, FL 32092

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: AGOSTINHO OLIVEIRA

MNG

03/26/2007

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