

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101278

**FILED**  
**Jan 12, 2008**  
**Secretary of State**

**Entity Name:** BABY BOOMER CHIROPRACTIC, L. L. C.

**Current Principal Place of Business:**

1890 SW HEALTH PARKWAY  
SUITE 204  
NAPLES, FL 34109 US

**New Principal Place of Business:**

181 GRAND OAKS WAY APT. 201  
NAPLES, FL 34110

**Current Mailing Address:**

216 PEBBLE BEACH CIRCLE  
NAPLES, FL 34113

**New Mailing Address:**

181 GRAND OAKS WAY APT. 201  
NAPLES, FL 34110

FEI Number: 20-5764299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JANKOWSKI, SUSAN M  
216 PEBBLE BEACH CIRCLE  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

JANKOWSKI, SUSAN M  
181 GRAND OAKS WAY APT. 201  
NAPLES, FL 34110 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:

01/12/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JANKOWSKI, SUSAN M  
Address: 216 PEBBLE BEACH CIR  
City-St-Zip: NAPLES, FL 34113

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JANKOWSKI, SUSAN M  
Address: 181 GRAND OAKS WAY APT. 201  
City-St-Zip: NAPLES, FL 34110

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: SUSAN M. JANKOWSKI

DR.

01/12/2008

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