

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 03, 2007  
Secretary of State**

DOCUMENT# L06000113780

Entity Name: PAINTER CHIROPRACTIC CENTER LLC

**Current Principal Place of Business:**

5002 N. FEDERAL HIGHWAY  
LIGHTHOUSE POINT, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

5002 N. FEDERAL HIGHWAY  
LIGHTHOUSE POINT, FL 33064

**New Mailing Address:**

FEI Number: 56-2625796      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PAINTER, JOHN P  
2161 NE 28TH AVENUE  
POMPANO BEACH, FL 33062      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: PAINTER, JOHN P  
Address: 2161 NE 28TH AVE.  
City-St-Zip: POMPANO BEACH, FL 33062

**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: JOHN PAINTER

MGR

02/03/2007

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