2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90136 013 ***143.75

DOCUMENT # L06000116121

1. Entity Name

RUSSELL E. TURNER, DC, PLLC

Principal Place of Business	Mailing Address
10201 ACCOS AVE SUITE 205 ESTERO FL 33928 US	3380 TAMIAMI TR EAST NAPLES FL 34112 US

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address: 16148 Parque LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Naples, Florida
Zip / Country	Zip: 34110 / Country: USA

4. FEI Number: 06-1800791 ☐ 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
TURNER, RUSSELL E 858 ROSE WAY NAPLES FL 34104	Name: Russell E Turner Street Address (P.O. Box Number is Not Acceptable): 16148 Parque LN City: Naples FL Zip Code: 34110

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: Russell E Turner DC (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when reinstating) DATE: 1/25/08

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TURNER, RUSSELL E 858 ROSE WAY NAPLES FL 34104	☐ Delete	MGRM Russell E Turner 16148 Parque LN Naples FL 34110	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TURNER, MIRINDA E 858 ROSE WAY NAPLES FL 34104	☐ Delete	MBRM Mirinda D. Turner 16148 Parque LN Naples FL 34110	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Russell E Turner DC (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) Date: 1/25/08 Daytime Phone #: 239 248 7210