2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# L07000021353

Entity Name: FULTON & RABINOWITZ CHIROPRACTIC, PLLC

Current Principal Place of Business:

2107 WEST NINE MILE RD.
2
PENSACOLA, FL 32534

New Principal Place of Business:

Current Mailing Address:

2107 WEST NINE MILE RD.
2
PENSACOLA, FL 32534

New Mailing Address:

FEI Number: 20-8514841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RABINOWITZ, JASON D
1914 E LLOYD ST.
PENSACOLA, FL 32503 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: MGRM ( ) Delete
Name: FULTON, DAVID W
Address: 1430 KINGSLAKE DR.
City-St-Zip: CANTONMENT, FL 32533

Title: MGRM ( ) Delete
Name: RABINOWITZ, JASON D
Address: 1914 EAST LLOYD STREET
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JASON RABINOWITZ MGRM 03/25/2009

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