2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000035855

Entity Name: SEXTON FAMILY CHIROPRACTIC, PLLC

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5009 LICORICE CT. 2747 BLANDING BLVD MIDDLEBURG, FL 32068

SUITE 104

MIDDLEBURG, FL 32068

Current Mailing Address: New Mailing Address:

2747 BLANDING BLVD P.O. BOX 571 SUITE 104 MIDDLEBURG, FL 32050

MIDDLEBURG, FL 32050

FEI Number: 59-3839310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SEXTON, TIMOTHY L DR SEXTON, TIMOTHY L DR 5009 LICÓRICE CT. 2747 BLÁNDING BLVD MIDDLEBURG, FL 32068 US SUITE 104

MIDDLEBURG, FL 32068 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: TIMOTHY L. SEXTON, D.C. 04/24/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR () Delete Title: (X) Change () Addition SEXTON, TIMOTHY L DR. SEXTON, TIMOTHY L DR. Name: Name: Address: 5009 LICORICE CT. Address: 2747 BLANDING BLVD SUITE 104 City-St-Zip: MIDDLEBURG, FL 32068 City-St-Zip: MIDDLEBURG, FL 32068

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: TIMOTHY L. SEXTON, D.C. 04/24/2008