2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# L07000053865

Entity Name: COASTAL CHIROPRACTIC & REHABILITATION, LLC

Current Principal Place of Business:

5901 U.S. HIGHWAY 19
SUITE 10
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

5901 U.S. HIGHWAY 19
SUITE 10
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

STACEY, RONALD F II
2042 ACADEMY COURT
NEW PORT RICHEY, FL 34655 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: STACEY, RONALD F II
Address: 2042 ACADEMY COURT
City-St-Zip: NEW PORT RICHEY, FL 34655 US

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 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: RONALD F. STACEY II MGRM 01/07/2008

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