2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# L07000057294

Entity Name: M.K. MURPHY, D.C., L.C.

Current Principal Place of Business:

450 W. CENTRAL PKWY., SUITE 1000
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

460 W. CENTRAL PKWY
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

450 W. CENTRAL PKWY.
SUITE 1000
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

460 W. CENTRAL PKWY.
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3220075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURPHY, M.K. D.C.
450 W. CENTRAL PKWY.
SUITE 1000
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

MURPHY, M.K. D.C.
460 W. CENTRAL PKWY.
ALTAMONTE SPRINGS, FL 32714 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: _____ 04/24/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MURPHY, M.K. D.C.
Address: 450 W. CENTRAL PKWY., SUITE 1000
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MURPHY, M.K. D.C.
Address: 40 W. CENTRAL PKWY.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: M.K. MURPHY, D.C. MGRM 04/24/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date