

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000067280

FILED
Mar 23, 2008
Secretary of State

Entity Name: CHIEFLAND CHIROPRACTIC CENTER, LLC

Current Principal Place of Business:

410 NORTH MAIN STREET
CHIEFLAND, FL 32626 US

New Principal Place of Business:

410 NORTH MAIN STREET
SUITE 11
CHIEFLAND, FL 32626 US

Current Mailing Address:

6951 NW 52 CT. P O BOX 1095
CHIEFLAND, FL 32626 US

New Mailing Address:

410 NORTH MAIN STREET
SUITE 11
CHIEFLAND, FL 32626 US

FEI Number: 26-0441385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST. SUITE 500
ORLANDO, FL 32804 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: GAY, KALYN
Address: 6951 NW 52 CT. P O BOX 1095
City-St-Zip: CHIEFLAND, FL 32626 US

Title: MGRM () Delete
Name: RICHESON, F. KEITH
Address: PO BOX 1095
City-St-Zip: CHIEFLAND, FL 32644

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GAY, KALYN
Address: 410 N MAIN STREET SUITE 11
City-St-Zip: CHIEFLAND, FL 32626 US

Title: MGRM (X) Change () Addition
Name: RICHESON, F. KEITH
Address: 410 N MAIN STREET SUITE 11
City-St-Zip: CHIEFLAND, FL 32644

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: KEITH RICHESON

MGRM

03/23/2008

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