## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000072205

2009 SE 10TH AVE #322

FT. LAUDERDALE, FL 33316 US

Address:

City-St-Zip:

FILED Apr 28, 2008 Secretary of State

Entity Name: FLORIDA CHIROPRACTIC & SPORTS REHAB CENTER DAVIE LLC

Current Principal Place of Business:				New Principal Place of Business:		
Current	Tilicipal Flace o	o Dusilles	.5.	New Fillicipal Flace	e of Busiliess.	
	ST DIXIE HIGHV IIAMI BEACH, FL		US			
Current Mailing Address:				New Mailing Address:		
	EST DIXIE HIGHV IIAMI BEACH, FL		US			
FEI Number	: 26-0513771	FEI Numbe	r Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address	Name and Address of New Registered Agent:	
20810 WE	D ASSOCIATES ST DIXIE HIGHV IIAMI BEACH, FL	VAY	US			
	e named entity su e of Florida.	bmits this	statement for the p	ourpose of changing its register	ed office or registered agent, or both	
SIGNATU	RE:					
	Electronic	Signature	of Registered Age	ent	Date	
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM () D COOPER, MATTH 19195 MYSTIC PO AVENTURA, FL 3	IEW OINT DR ST	E 1802	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGR () D CHRISTIE, KEVIN			Title: Name:	( ) Change ( ) Addition	

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: MATTHEW COOPER MGRM 04/28/2008