

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086777

FILED
Mar 11, 2008
Secretary of State

Entity Name: BARE CENTER FOR CHIROPRACTIC WELLNESS, LLC

Current Principal Place of Business:

3771 S PINE AVE
OCALA, FL 34478

New Principal Place of Business:

3773 S PINE AVE
OCALA, FL 34478

Current Mailing Address:

3771 S PINE AVE
OCALA, FL 34478

New Mailing Address:

3773 S PINE AVE
OCALA, FL 34471

FEI Number: 26-0773335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARE, PRESTON
3771 S PINE AVE
OCALA, FL 34478 US

Name and Address of New Registered Agent:

BARE, PRESTON
3773 S PINE AVE
OCALA, FL 34471 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: PRESTON BARE

03/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARE, PRESTON
Address: 3771 S PINE AVE
City-St-Zip: Ocala, FL 34478

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BARE, PRESTON
Address: 3773 S PINE AVE
City-St-Zip: Ocala, FL 34471

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: PRESTON BARE

MGRM

03/11/2008

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