

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090523

FILED  
Apr 23, 2008  
Secretary of State

**Entity Name:** NEW LIFE CHIROPRACTIC CENTER, L.L.C.

**Current Principal Place of Business:**

720 SW 124TH TERRACE  
FT LAUDERDALE, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

720 SW 124TH TERRACE  
FT LAUDERDALE, FL 33325

**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:**

SHIELDS, VANESSA K DR  
720 SW 124TH TERRACE  
FT LAUDERDALE, FL 33325 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: MGR ( ) Delete  
Name: FIORE, THOMAS P  
Address: 720 SW 124TH TERRACE  
City-St-Zip: FT LAUDERDALE, FL 33325

Title: MGR ( ) Delete  
Name: SHIELDS, VANESSA K  
Address: 720 SW 124TH TERRACE  
City-St-Zip: FT LAUDERDALE, FL 33325

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** THOMAS P. FIORE

MGR

04/23/2008

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