

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108955

FILED
Jan 08, 2008
Secretary of State

Entity Name: CJ FAMILY CHIROPRACTIC CENTER, LLC

Current Principal Place of Business:

10509 MARSH STREET
WELLINGTON, FL 33414

New Principal Place of Business:

231 SOUTH FEDERAL HIGHWAY
LAKE WORTH, FL 33460

Current Mailing Address:

10509 MARSH STREET
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 41-2257288 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ALCIME, CLAUDIUS DC
10509 MARSH STREET
WELLINGTON, FL 33414 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: ALCIME, CLAUDIUS DC
Address: 10509 MARSH STREET
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

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: CLAUDIUS ALCIME

MGR

01/08/2008

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