

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001624

FILED
Apr 29, 2009
Secretary of State

Entity Name: ADVANCED CHIROPRACTIC OF HAINES CITY, LLC

Current Principal Place of Business:

280 PATTERSON ROAD
SUITE 2
HAINES CITY, FL 33844

New Principal Place of Business:

1128 LUMSDEN TRACE CIRCLE
VALRICO, FL 33594 US

Current Mailing Address:

280 PATTERSON ROAD
SUITE 2
HAINES CITY, FL 33844

New Mailing Address:

P.O. BOX 1302
VALRICO, FL 33594 US

FEI Number: 71-1044743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FREDERICK T. LOWE, ESQ., P.A.
3907 HENDERSON BLVD.
SUITE 200
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

FREDERICK T. LOWE, ESQ., P.A.
3909 W. CLEVELAND ST.
SUITE 212
TAMPA, FL 33609 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:

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THOMAS, BRUCE L DC
Address: 3029 BEAR OAK DRIVE
City-St-Zip: VALRICO, FL 33594

Title: MGRM () Delete
Name: RICH-CONSIGLIO, LINDA DC
Address: 1128 LUMSDEN TRACE CIRCLE
City-St-Zip: VALRICO, FL 33594

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: LINDA RICH-CONSIGLIO

DR.

04/29/2009

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