

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005168

FILED
Apr 29, 2009
Secretary of State

Entity Name: COMPREHENSIVE CHIROPRACTIC OF WINTER HAVEN, LLC

Current Principal Place of Business:

570 AVENUE J SOUTHEAST
WINTER HAVEN, FL 33880

New Principal Place of Business:

3029 BEAR OAK DR.
VALRICO, FL 33594 US

Current Mailing Address:

570 AVENUE J SOUTHEAST
WINTER HAVEN, FL 33880

New Mailing Address:

3029 BEAR OAK DR.
VALRICO, FL 33594 US

FEI Number: 71-1044748

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

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: BRUCE L. THOMAS

DR.

04/29/2009

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