

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000007887

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** CHIROPRACTIC NEUROLOGY ASSOCIATES OF FLORIDA, LLC

**Current Principal Place of Business:**

1640 NW BOCA RATON BLVD  
BOCA RATON, FL 33432

**New Principal Place of Business:**

7805 NW BEACON SQUARE BLVD  
SUITE 103  
BOCA RATON, FL 33487

**Current Mailing Address:**

1640 NW BOCA RATON BLVD  
BOCA RATON, FL 33432

**New Mailing Address:**

7805 NW BEACON SQUARE BLVD  
SUITE 103  
BOCA RATON, FL 33487

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COMEY, ALBERT DC  
10225 ULMERTON ROAD STE 3A  
LARGO, FL 33771 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: BRODKIN, RONALD DC  
Address: 1640 NW BOCA RATON BLVD  
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM ( ) Delete  
Name: PETRYK, GEORGE DC  
Address: 8810 COLLEGE PARKWAY STE 2  
City-St-Zip: FT MYERS, FL 33919

Title: MGRM ( ) Delete  
Name: COMEY, ALBERT DC  
Address: 10225 ULMERTON ROAD STE 3A  
City-St-Zip: LARGO, FL 33771

**ADDITIONS/CHANGES:**

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

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:** ALBERT COMEY, D.C.

MGRM

04/30/2009

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