2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2010
Secretary of State

DOCUMENT# L08000007887

Entity Name: CHIROPRACTIC NEUROLOGY ASSOCIATES OF FLORIDA, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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
Name: BRODKIN, RONALD DC
Address: 1640 NW BOCA RATON BLVD
City-St-Zip: BOCA RATON, FL 33432

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

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

I hereby 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 Statues.

SIGNATURE: ALBERT COMEY, D.C. MGRM 05/03/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date