

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008920

FILED
Apr 22, 2009
Secretary of State

Entity Name: DR. DAVID D. GOODRICH CHIROPRACTOR, LLC

Current Principal Place of Business:

13015 S.W. 89 PLACE, SUITE 201
MIAMI, FL 33176

New Principal Place of Business:

9999 SW 72 STREET, SUITE 205
MIAMI, FL 33173

Current Mailing Address:

13015 S.W. 89 PLACE, SUITE 201
MIAMI, FL 33176

New Mailing Address:

FEI Number: 74-3249165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODRICH, DAVID D
13015 S.W. 89 PLACE, SUITE 201
MIAMI, FL 33176 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: MGRM () Delete
Name: GOODRICH, DAVID D
Address: 13015 S.W. 89 PLACE, SUITE 201
City-St-Zip: MIAMI, FL 33176

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: DAVID D. GOODRICH MGRM 04/22/2009

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