

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000012072

FILED  
Apr 26, 2009  
Secretary of State

**Entity Name:** SUNBELT CHIROPRACTIC & REHAB CENTER LLC

**Current Principal Place of Business:**

7000 LUCERNE ARK RD, STE 6  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

950 EAST LOWELL STREET  
LAKELAND, FL 33805

**New Mailing Address:**

950 EAST LOWELL STREET  
LAKELAND, FL 33805 US

**FEI Number:** 83-0504979

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: GLUCK, DIETER  
Address: 534 10TH STREET, NORTH  
City-St-Zip: NAPLES, FL 34102

Title: S (X) Delete  
Name: GLUCK, DIETER  
Address: 534 10TH STREET, NORTH  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GLUCK, DIETER H  
Address: 950 E LOWELL ST  
City-St-Zip: LAKELAND, FL 33805 US

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:** DIETER H GLUCK

MGRM

04/26/2009

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