

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000016348

FILED
Mar 18, 2009
Secretary of State

Entity Name: OMNICARE CHIROPRACTIC AND REHABILITATION, LLC

Current Principal Place of Business:

1510 S CONGRESS AVE
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

1501 S CONGRESS AVE
DELRAY BEACH, FL 33445 US

Current Mailing Address:

P.O. BOX 7204
DELRAY BEACH, FL 33482

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DE NEUS, KAH-MOE
4426 BRANDON DR
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

DE NEUS, KAH-MOE
1501 S CONGRESS AVE
DELRAY BEACH, FL 33445 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:

03/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DE NEUS, KAH-MOE
Address: 1510 S CONGRESS AVE
City-St-Zip: DELRAY BEACH, FL 33445 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DE NEUS, KAH-MOE
Address: 1501 S CONGRESS AVE
City-St-Zip: DELRAY BEACH, FL 33445 US

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: KAH-MOE DE NEUS

MGR

03/18/2009

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