2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L08000050976

Entity Name: FAMILY CHIROPRACTIC OF HAINES CITY, L.L.C.

Current Principal Place of Business:

1015 JONES AVENUE
HAINE CITY, FL 33844

New Principal Place of Business:

1015 JONES AVENUE
HAINES CITY, FL 33844 US

Current Mailing Address:

P.O. BOX 1302
VALRICO, FL 33595

New Mailing Address:

P.O. BOX 1302
VALRICO, FL 33595 US

FEI Number: 71-1044743 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RICH-CONSIGLIO, LINDA
1128 LUMSDEN TRACE CIRCLE
VALRICO, FL 33594 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: RICH-CONSIGLIO, LINDA
Address: 1128 LUMSDEN TRACE CIRCLE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RICH-CONSIGLIO, LINDA
Address: PO BOX 1302
City-St-Zip: VALRICO, FL 33595 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: LINDA RICH-CONSIGLIO DR. 04/29/2009

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