2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# L08000051433

Entity Name: BEST HEALTHCARE OF COLLIER, PLLC

Current Principal Place of Business:

2626 N TAMIAMI TRAIL
SUITE #5
NAPLES, FL 34112

New Principal Place of Business:

3594 BROADWAY
SUITE #E
FT MYERS, FL 33901

Current Mailing Address:

2626 N TAMIAMI TRAIL
SUITE #5
NAPLES, FL 34112

New Mailing Address:

3594 BROADWAY
SUITE #E
FT MYERS, FL 33901

FEI Number: 26-2666492 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROCK & ROLL CHIROPRACTIC, PLLC
6823 CAST STREET
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

ROCK & ROLL CHIROPRACTIC, PLLC
6823 TAFT STREET
HOLLYWOOD, FL 33024 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: MITCHELL JOMSKY 03/24/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ROCK & ROLL CHIROPRA, CTIC, PLLC
Address: 6823 CAST STREET
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ROCK & ROLL CHIROPRA, CTIC, PLLC
Address: 6823 TAFT STREET
City-St-Zip: HOLLYWOOD, FL 33024

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: MITCHELL JOMSKY MGRM 03/24/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date