2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L08000067327

Entity Name: SAMPSON CHIROPRACTIC & SPORTS INJURIES, L.L.C.

Current Principal Place of Business:

43 BLAKE BLVD
CELEBRATION, FL 34747

New Principal Place of Business:

925 N SUNCOAST BLVD
CRYSTAL RIVER, FL 34429

Current Mailing Address:

43 BLAKE BLVD
CELEBRATION, FL 34747

New Mailing Address:

925 N SUNCOAST BLVD
CRYSTAL RIVER, FL 34429

FEI Number: 26-3565181 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SAMPSON, ERIC A D.C.
43 BLAKE BLVD
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

SAMPSON, ERIC A D.C.
924 N SUNCOAST BLVD
CRYSTAL RIVER, FL 34429 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: 04/15/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SAMPSON, ERIC A D.C.
Address: 43 BLAKE BLVD
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SAMPSON, ERIC A D.C.
Address: 924 N SUNCOAST BLVD
City-St-Zip: CRYSTAL RIVER, FL 34429

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: ERIC A. SAMPSON DC MGR 04/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date