2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L08000067567

Entity Name: ENGELBRECHT CHIROPRACTIC AND REHABILITATION, PL

Current Principal Place of Business:

3116 CAPITAL CIRCLE NE, SUITE 1
TALLAHASSEE, FL 32312

New Principal Place of Business:

3116 CAPITAL CIRCLE NE, SUITE 1
TALLAHASSEE, FL 32308 US

Current Mailing Address:

8542 CONGRESSIONAL DRIVE
TALLAHASSEE, FL 32312

New Mailing Address:

3116 CAPITAL CIRCLE NE, SUITE 1
TALLAHASSEE, FL 32308 US

FEI Number: 26-2975743 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ENGELBRECHT, JOHN E D.C.
8542 CONGRESSIONAL DRIVE
TALLAHASSEE, FL 32312 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: ENGELBRECHT, JOHN E D.C.
Address: 8542 CONGRESSIONAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ENGELBRECHT, JOHN E D.C.
Address: 8542 CONGRESSIONAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32312 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: JOHN E. ENGELBRECHT, D.C. MGRM 04/16/2009

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