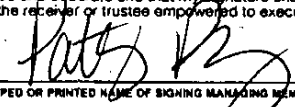


FILED
May 14, 2008 8:00 am
Secretary of State

04-14-2008 90222 019 ***138.75
05-14-2008 90078 014 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L98000001445			
1. Entity Name RIBLEY CHIROPRACTIC FAMILY CENTER LLC			
Principal Place of Business 8525 W. HILLSBOROUGH AVE. TAMPA, FL 33615		Mailing Address 8525 W. HILLSBOROUGH AVE. TAMPA, FL 33615	
2. Principal Place of Business - No P.O. Box # 8525 W. Hillsborough Ave		3. Mailing Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa		City & State Florida	
Zip 33615	Country USA	Zip ✓	Country ✓
4. FEI Number 59-3536979		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RIBLEY, PATTY 8525 W. HILLSBOROUGH AVE. TAMPA, FL 33615		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RIBLEY, LARRY 8525 W. HILLSBOROUGH AVE. TAMPA, FL 33615 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RIBLEY, PATTY 8525 W. HILLSBOROUGH AVE. TAMPA, FL 33615 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COSMELLI, PAULINE A MGRM 8525 W. HILLSBOROUGH AVE TAMPA, FL 33615 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 		5/12/08 (813) 8868824	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	