

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90055 014 \*\*\*\*50.00

0076194

**DOCUMENT # L99000008333**

1. Entity Name

**ACTION CHIROPRACTIC & ASSOCIATES, LLC**



Principal Place of Business

415-17 E. MICHIGAN STREET  
ORLANDO FL 32806

Mailing Address

415-17 E. MICHIGAN STREET  
ORLANDO FL 32806

20019837



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **74-2938415**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARQUARDT, GUSTAV**  
**415-17 E. MICHIGAN STREET**  
**ORLANDO FL 32806**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGR**  Delete  
NAME **MARQUARDT, JANET**  
STREET ADDRESS **415-17 E. MICHIGAN ST**  
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR**  Delete  
NAME **MELCHER, ANITA**  
STREET ADDRESS **415-17 E. MICHIGAN ST**  
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

**GUSTAV MARQUARDT**

SIGNATURE:

*Gustav Marquardt*

1-23-03

407-423-1616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)