

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001419

FILED
May 01, 2004
Secretary of State

Entity Name: NORTH CENTRAL FLORIDA CHIROPRACTIC ASSOCIATES LLC

Current Principal Place of Business:

11730 SOUTHEAST HWY. 441
BELLEVIEW, FL 34420

New Principal Place of Business:

Current Mailing Address:

11730 SOUTHEAST HWY. 441
BELLEVIEW, FL 34420

New Mailing Address:

FEI Number: 88-0490919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEESE, DENNIS R
11730 SOUTHEAST HWY. 441
BELLEVIEW, FL 34420

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/MEMBERS:

Title: MGR () Delete
Name: SEESE, DENNIS R
Address: 11730 SOUTHEAST HWY. 441
City-St-Zip: BELLEVIEW, FL 34420

Title: MGR () Delete
Name: MOBLEY, DAWNNA
Address: 553 MIDWAY TRACK PASS
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DENNIS R. SEESE

DR.

05/01/2004

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