

# Kentucky Secretary of State Annual Report Amendment

**This Annual Report Amendment was submitted electronically**

<b>Company</b>	LOUISVILLE SPINE, INJURY AND CHIROPRACTIC
<b>Company ID</b>	0629152.06.99999
<b>Date Filed</b>	7/18/2008 10:03:19 AM
<b>Fee</b>	\$10.00

## **Principal Office**

931 SOUTH THIRD STREET  
LOUISVILLE, KY 40202

## **Registered Agent**

ASHEESH GUPTA  
931 SOUTH THIRD STREET  
LOUISVILLE, KY 40202

## **Members / Managers**

Manager	Haresh Emandi	226 E. Tarpon Ave., Tarpon Springs, FL 34689
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## **Signatures**

<b>Signature</b>	Haresh
<b>Title</b>	Emandi