

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003185

**Entity Name:** MID - FLORIDA CHIROPRACTIC SOCIETY, INC.

**FILED**  
**Jan 19, 2018**  
**Secretary of State**  
**CC0995383560**

**Current Principal Place of Business:**

5010 W. NEWBERRY RD.  
SUITE D  
GAINESVILLE, FL 32607

**Current Mailing Address:**

5010 W. NEWBERRY RD.  
SUITE D  
GAINESVILLE, FL 32607

**FEI Number: 59-2119199**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WEST, DAVID RDR.  
5010 W. NEWBERRY RD.  
SUITE D  
GAINESVILLE, FL 32607 US

*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

**Officer/Director Detail :**

Title P  
Name RICHESON, MATTHEW  
Address 3703 SW 13TH ST  
City-State-Zip: GAINESVILLE FL 32608

Title SEC  
Name MYHREE, LANE  
Address 4400 NW 23RD AVE  
City-State-Zip: GAINESVILLE FL 32607

Title TREA  
Name WEST, DAVID R  
Address 5010 W. NEWBERRY RD.  
SUITE D  
City-State-Zip: GAINESVILLE FL 32607

Title DIR  
Name FRAZIER, JOHN  
Address 911 S. MAIN ST.  
City-State-Zip: TRENTON FL 32693

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DAVID WEST**

**TREASURER**

**01/19/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date