

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003185

FILED
Jan 29, 2016
Secretary of State
CC5885787061

Entity Name: MID - FLORIDA CHIROPRACTIC SOCIETY, INC.

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

01/29/2016

Electronic Signature of Signing Officer/Director Detail

Date