2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2016
Secretary of State
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Entity Name: GRAPPIN CLINIC OF CHIROPRACTIC, P.A.

Current Principal Place of Business:

12511 S. TAMIAMI TRAIL
NORTH PORT, FL 34287

Current Mailing Address:

12511 S. TAMIAMI TRAIL
NORTH PORT, FL 34287

FEI Number: 59-2427514

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRAPPIN, LINDA S., D.C.
12511 S. TAMIAMI TR.
NORTH PORT, FL 34287 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	V	Title	P
Name	GRAPPIN, CARL W	Name	GRAPPIN, LINDA S
Address	12511 SO TAMIAMI TRAIL	Address	12511 SO TAMIAMI TRAIL
City-State-Zip:	NORTH PORT FL 34287	City-State-Zip:	NORTH PORT FL 34287
Title	SECRETARY	Title	TREASURER
Name	GRAPPIN, LEE A DR.	Name	GRAPPIN, ROSS A DR.
Address	12511 S. TAMIAMI TRAIL	Address	12511 S. TAMIAMI TRAIL
City-State-Zip:	NORTH PORT FL 34287	City-State-Zip:	NORTH PORT FL 34287

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINDA S GRAPPIN PRESIDENT 01/26/2016

Electronic Signature of Signing Officer/Director Detail — Date