

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K26518

**FILED**  
**Jan 08, 2015**  
**Secretary of State**  
**CC4186212383**

**Entity Name:** ABC CHIROPRACTIC THERAPEUTIC WELLNESS, INC.,  
JEFFREY S. HOFFMAN, DC, PA

**Current Principal Place of Business:**

3491 WOOLBRIGHT ROAD  
BAY #3  
BOYNTON BEACH, FL 33436

**Current Mailing Address:**

6542 NEWPORT LK CIRCLE  
BOCA RATON, FL 33496

**FEI Number: 65-0054809**

**Certificate of Status Desired: Yes**

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

HOFFMAN, RANDIE  
6542 NEWPORT CK CIR  
BOCA RATON, FL 33496 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	C	Title	T
Name	HOFFMAN, JEFFREY S.	Name	HOFFMAN, RANDIE
Address	6541 NEWPORT LAKE CIR	Address	6542 NEWPORT LK CIR
City-State-Zip:	BOCA RATON FL 33496	City-State-Zip:	BOCA RATON FL 33496

*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: JEFFREY S. HOFFMAN DCPA**

**CHIROPRACTOR**

**01/08/2015**

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

\_\_\_\_\_  
Date