

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L32337

**Entity Name:** AMERICA'S CHIROPRACTIC CENTERS, INC.

**Current Principal Place of Business:**

8994 TAFT ST.  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

8994 TAFT ST.  
PEMBROKE PINES, FL 33024

**FEI Number:** 65-0165429

**Certificate of Status Desired:** No

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

SATINOFF, CRAIG M.  
8994 TAFT ST.  
PEMBROKE PINES, FL 33024 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 PD  
Name SATINOFF, CRAIG M.  
Address 8994 TAFT ST.  
City-State-Zip: PEMBROKE PINES FL 33024

*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:** CRAIG SATINOFF

**PRESIDENT**

**04/25/2014**

Electronic Signature of Signing Officer/Director Detail

Date