

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L53898

**Entity Name:** SHADOWOOD CHIROPRACTIC CENTER, INCORPORATED

**Current Principal Place of Business:**

9799 GLADES RD  
BOCA RATON, FL 33434

**Current Mailing Address:**

9799 GLADES RD  
BOCA RATON, FL 33434

**FEI Number:** 65-0192495

**Certificate of Status Desired:** No

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

DELLABELLA, ALLAN  
9799 GLADES RD  
BOCA RATON, FL 33434 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            DIRECTOR  
Name            DELLABELLA, ALLAN  
Address        9799 GLADES RD  
City-State-Zip: BOCA RATON FL 33434

*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:** ALLAN DELLABELLA

**PRESIDENT**

**04/28/2014**

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

\_\_\_\_\_ Date