

2017 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

03/20/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date