

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M47630

**Entity Name:** DR. NEIL M. MEYEROWITZ D.C. P.A.

**Current Principal Place of Business:**

4861 S. ORANGE AVE.  
SUITE D  
ORLANDO, FL 32806

**Current Mailing Address:**

4861 S. ORANGE AVE.  
SUITE D  
ORLANDO, FL 32806

**FEI Number:** 59-2772239

**Certificate of Status Desired:** No

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

MEYEROWITZ, NEIL M., DR., D.C.P.A.  
4861 S. ORANGE AVE.  
SUITE D  
ORLANDO, FL 32806 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            PRES  
Name            MEYEROWITZ, NEIL M., DR.  
Address        4861 S. ORANGE AVE. SUITE D  
City-State-Zip: ORLANDO FL 32806

*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:** DR. NEIL MEYEROWITZ

**PRESIDENT**

**04/30/2014**

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

\_\_\_\_\_  
Date