

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M72171

**Entity Name:** A AVENTURA CHIROPRACTIC CARE CENTER, INC.

**Current Principal Place of Business:**

20475 BISCAYNE BLVD  
SUITE G-6  
AVENTURA, FL 33180

**Current Mailing Address:**

20475 BISCAYNE BLVD  
SUITE G-6  
AVENTURA, FL 33180

**FEI Number:** 65-0051149

**Certificate of Status Desired:** No

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

MURANSKY, DAVID SDR.  
20475 BISCAYNE BLVD.  
SUITE G-6  
AVENTURA, FL 33180 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            MURANSKY, DAVID SDR.  
Address        20475 BISCAYNE BLVD. G-6  
City-State-Zip: AVENTURA FL 33180

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:** DAVID MURANSKY

**PRESIDENT**

**04/17/2014**

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

\_\_\_\_\_  
Date