

2016 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, D.C.

PRESIDENT

01/24/2016

Electronic Signature of Signing Officer/Director Detail

Date