

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000019057

**Entity Name:** ALAN NATHANS FAMILY CHIROPRACTIC INC.

**Current Principal Place of Business:**

11048 BAYMEADOWS RD STE 2  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

11048 BAYMEADOWS RD STE 2  
JACKSONVILLE, FL 32256

**FEI Number:** 59-3630953

**Certificate of Status Desired:** No

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

NATHANS, ALAN DR.  
11048 BAYMEADOWS RD STE 2  
JACKSONVILLE, FL 32256 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 D  
Name NATHANS, ALAN  
Address 11048 BAYMEADOWS ROAD STE 2  
City-State-Zip: JACKSONVILLE FL 32256

Title D  
Name NATHANS, ALYSE S  
Address 11048 BAYMEADOWS ROAD STE 2  
City-State-Zip: JACKSONVILLE FL 32256

*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:** ALYSE S. NATHANS

**DIRECTOR**

**04/10/2018**

Electronic Signature of Signing Officer/Director Detail

Date