

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000080491

Entity Name: COMPLETE FAMILY CHIROPRACTIC HEALTH CARE, INC.

Current Principal Place of Business:

1244 S PINELLAS AVE
TARPON SPRINGS, FL 34689

Current Mailing Address:

1244 S PINELLAS AVE
TARPON SPRINGS, FL 34689

FEI Number: 59-3665349

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARCELL, MIKE R
1611 GULF RD.
TARPON SPRINGS, FL 34689 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 P
Name MARCELL, MIKE R
Address 1611 GULF RD.
City-State-Zip: TARPON SPRINGS FL 34689

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: MIKE R. MARCELL

PRESIDENT

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date