

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117733

Entity Name: GIFFORD CHIROPRACTIC & NEURODIAGNOSTIC CENTER,
P.A.

FILED
Feb 10, 2019
Secretary of State
0391077129CC

Current Principal Place of Business:

4930 GOLDEN GATE PARKWAY
NAPLES, FL 34116

Current Mailing Address:

4930 GOLDEN GATE PARKWAY
NAPLES, FL 34116

FEI Number: 59-3698641

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GIFFORD, BRUCE A
4930 GOLDEN GATE PARKWAY
NAPLES, FL 34116 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 DR.
Name GIFFORD, BRUCE A
Address 4930 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34116

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: BRUCE A. GIFFORD

PRES & CEO

02/10/2019

Electronic Signature of Signing Officer/Director Detail

Date