2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2015
Secretary of State
CC2534301006

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Entity Name: CARLA'S FAMILY CHIROPRACTIC CENTER INC.

Current Principal Place of Business:

8224 S.W. 82 PLACE
MIAMI, FL 33143

Current Mailing Address:

P.O. BOX 432120
MIAMI, FL 33243

FEI Number: 65-1068962

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CATALAN, CARLA B
8224 S.W. 82 PLACE
MIAMI, FL 33143 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	PD
Name	CATALAN, CARLA B
Address	8224 S.W. 82 PLACE
City-State-Zip:	MIAMI FL 33143

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: CARLA CATALAN PD 01/07/2015

Electronic Signature of Signing Officer/Director Detail — Date