

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000100405

**FILED  
Jan 28, 2013  
Secretary of State  
CC3207101041**

**Entity Name:** WILLMITCH CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

2801 W. BUSCH BLVD.  
SUITE 103  
TAMPA, FL 33618

**Current Mailing Address:**

2801 W. BUSCH BLVD.  
SUITE 103  
TAMPA, FL 33618

**FEI Number: 59-3749734**

**Certificate of Status Desired: No**

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

WILLMITCH, MARTIN  
2801 W. BUSCH BLVD  
SUITE 103  
TAMPA, FL 33618 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            PSTD  
Name            WILLMITCH, MARTIN  
Address        2801 W BUSCH BLVD SUITE 103  
City-State-Zip: TAMPA FL 33618

Title            MRS.  
Name            WILLMITCH, JENNIFER A  
Address        2801 W. BUSCH BLVD. SUITE 103  
City-State-Zip: TAMPA FL 33618

*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: MARTIN WILLMITCH**

**DOCTOR**

**01/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date