

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000101527

**Entity Name:** BEACHSIDE CHIROPRACTIC, INC.

**Current Principal Place of Business:**

940 NORTH HALIFAX AVE  
OFFICE/CLINIC  
DAYTONA BEACH, FL 32118

**Current Mailing Address:**

940 NORTH HALIFAX AVE  
OFFICE/CLINIC  
DAYTONA BEACH, FL 32118 US

**FEI Number:** 04-3617670

**Certificate of Status Desired:** No

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

MOUSOPOULOS, CATHERINE E  
321 N HALIFAX DRIVE  
CLINIC  
ORMOND BEACH, FL 32176 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:** CATHERINE E. MOUSOPOULOS, D.C.

07/17/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PVST  
Name MOUSOPOULOS, CATHERINE E  
Address 321 N HALIFAX DR  
City-State-Zip: ORMOND BEACH FL 32176

*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:** CATHERINE E MOUSOPOULOS, D.C.

PVPST

07/17/2017

Electronic Signature of Signing Officer/Director Detail

Date