

2015 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:

MOUTSOPOULOS, 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. MOUTSOPOULOS, D.C.

06/15/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PVST
Name MOUTSOPOULOS, CATHERINE EDC
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 MOUTSOPOULOS, DC

PVPST

06/15/2015

Electronic Signature of Signing Officer/Director Detail

Date