

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000105487

**Entity Name:** ADAM M. SHAPKIN, D.C. P.A.

**Current Principal Place of Business:**

20334 NW 2ND AVENUE  
MIAMI, FL 33169

**Current Mailing Address:**

1489 SW 99TH TER  
DAVIE, FL 33324

**FEI Number:** 65-1149382

**Certificate of Status Desired:** No

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

SHAPKIN, ADAM MD.C.  
1489 SW 99TH TER  
DAVIE, FL 33324 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 PVST  
Name SHAPKIN, ADAM M  
Address 1489 SW 99TH TER  
City-State-Zip: DAVIE FL 33324

*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:** ADAM SHAPKIN

**CHIROPRACTIC  
PHYSICIAN**

**01/28/2016**

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

\_\_\_\_\_  
Date