

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000065772

Entity Name: EDGE FAMILY CHIROPRACTIC, P.A.

Current Principal Place of Business:

8124 PENSACOLA BLVD
PENSACOLA, FL 32534

Current Mailing Address:

8124 PENSACOLA BLVD
PENSACOLA, FL 32534

FEI Number: 76-0721946

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOORHEAD, STEPHEN R
4300 BAYOU BLVD SUITE 13
PENSACOLA, FL 32503 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 D
Name EDGE, DAVID
Address 8124 PENSACOLA BLVD
City-State-Zip: PENSACOLA FL 32534

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: DAVID EDGE

D

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date