# 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000086668

Entity Name: HILER CHIROPRACTIC, P.A.

#### **Current Principal Place of Business:**

1234 AIRPORT RD. NORTH NAPLES, FL 34104

# **Current Mailing Address:**

1234 AIRPORT RD. NORTH NAPLES, FL 34104

# FEI Number: 30-0110054

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

HILER, RICHARD ADR. 1234 AIRPORT RD. NORTH NAPLES, FL 34104 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

# Officer/Director Detail :

Title	PSTD
Name	HILER, RICHARD ADR.
Address	1234 AIRPORT RD. NORTH
City-State-Zip:	NAPLES FL 34104

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: RICHARD A HILER

CEO/ OWNER

01/10/2014 Date

Electronic Signature of Signing Officer/Director Detail

Jan 10, 2014 Secretary of State CC0736053194

FILED

Certificate of Status Desired: No

Date