

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000011715

Entity Name: PARKSIDE CHIROPRACTIC, INC.

Current Principal Place of Business:

4319 20TH STREET WEST
#103
BRADENTON, FL 34205

Current Mailing Address:

4319 20TH STREET WEST
#103
BRADENTON, FL 34205

FEI Number: 33-1041425

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRUGGER, CHRIS
4319 20TH STREET WEST
#103
BRADENTON, FL 34205 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 PRES
Name BRUGGER, CHRIS
Address 4319 20TH STREET WEST, #103
City-State-Zip: BRADENTON FL 34205

Title TREASURER
Name BRUGGER, CANDE
Address 4319 20TH STREET WEST, #103
City-State-Zip: BRADENTON FL 34205

Title VP
Name BRUGGER, RITA A
Address 7254 ELEANOR CIRCLE, #101
 #103
City-State-Zip: SARASOTA FL 34243

Title SECRETARY
Name DRINKARD, ALISON N
Address 5213 119TERRACE
City-State-Zip: PARRISH FL 34219

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: CANDE BRUGGER

TREASURER

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date