

**2013 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        3618 ELM STREET  
City-State-Zip: ELLENTON FL 34222

*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**

**04/05/2013**

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

\_\_\_\_\_  
Date