

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079073

Entity Name: PINECREST CHIROPRACTIC P.A.

Current Principal Place of Business:

8239 SW 124 STREET
A
PINECREST, FL 33156

Current Mailing Address:

8239-A SW 124 STREET
PINECREST, FL 33156

FEI Number: 20-0115848

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ESTEVEZ, VICTOR DR.
8239-A SW 124 STREET
PINECREST, FL 33156 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	P	Title	T
Name	ESTEVEZ, VICTOR DR.	Name	ESTEVEZ, YAMILET
Address	8239-A SW 124 STREET	Address	8239-A SW 124 STREET
City-State-Zip:	PINECREST FL 33156	City-State-Zip:	PINECREST FL 33156

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: VICTOR ESTEVEZ

OWNER/DOCTOR

04/11/2018

Electronic Signature of Signing Officer/Director Detail

Date