

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000149048

**FILED**  
**Mar 19, 2020**  
**Secretary of State**  
**5983274383CC**

**Entity Name:** VANESSA KOUTALIDIS D.C.AND KATHLEEN SCHKLAIR  
D.C,P.A.

**Current Principal Place of Business:**

1749 N.E. 26 STREET  
SUITE F  
FORT LAUDERDALE, FL 33305

**Current Mailing Address:**

1749 N.E. 26 STREET  
SUITE F  
FORT LAUDERDALE, FL 33305

**FEI Number: 54-2140559**

**Certificate of Status Desired: No**

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

KOUTALIDIS, VANESSA LP  
1749 N.E. 26 STREET  
SUITE F  
FORT LAUDERDALE, FL 33305 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  
Name            KOUTALIDIS, VANESSA L  
Address        1749 N.E. 26 STREET , SUITE F  
City-State-Zip: FORT LAUDERDALE FL 33305

Title            VP  
Name            SCHKLAIR, KATHLEEN M  
Address        1749 N.E. 26 STREET , SUITE F  
City-State-Zip: FORT LAUDERDALE FL 33305

*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: VANESSA KOUTALIDIS**

**PRESIDENT**

**03/19/2020**

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

\_\_\_\_\_  
Date