# 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

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# P03000149048

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

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

KOUTALIDIS, VANESSA LP 1749 N.E. 26 STREET SUITE F FORT LAUDERDALE, FL 33305 US Certificate of Status Desired: No

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

04/28/2014

## FILED Apr 28, 2014 Secretary of State CC9784634973

PRESIDENT

Date