## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000068144

Entity Name: GGG CHIROPRACTIC CENTER, INC.

**Current Principal Place of Business:** 

2929 N UNIVERSITY DR 204

CORAL SPRINGS, FL 33065

**Current Mailing Address:** 

2929 N UNIVERSITY DR

CORAL SPRINGS, FL 33065

FEI Number: 20-1046923 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALLO, GIULIE 2929 N. UNIVERSITY DR.

CORAL SPRINGS, FL 33065 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

**FILED** Jan 10, 2015

**Secretary of State** 

CC0773210091

## Officer/Director Detail:

Title

GALLO, GIULIE Name

2929 N. UNIVERSITY DR #204 Address City-State-Zip: CORAL SPRINGS FL 33065

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.

01/10/2015 SIGNATURE: GIULIE GALLO **DIRECTOR**