

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000085063

**Entity Name:** CLARK CHIROPRACTIC HEALTH CENTER, INC.

**Current Principal Place of Business:**

2909 4TH ST N  
ST. PETERSBURG, FL 33704

**Current Mailing Address:**

2909 4TH ST N  
ST. PETERSBURG, FL 33704

**FEI Number: 87-0727469**

**Certificate of Status Desired: No**

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

CLARK, THOMAS G  
2909 4TH ST N  
ST. PETERSBURG, FL 33704 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            CLARK, THOMAS G  
Address        2909 4TH ST N.  
City-State-Zip: ST. PETERSBURG FL 33704

*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: THOMAS CLARK,** \_\_\_\_\_

**04/25/2018**

Electronic Signature of Signing Officer/Director Detail

Date