

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000109660

FILED
Apr 06, 2019
Secretary of State
943115335CC

Entity Name: ADVANCED CHIROPRACTIC REHABILITATION AND WELLNESS CENTER, INC.

Current Principal Place of Business:

15151 SOUTH HWY 441
SUITE 200
SUMMERFIELD, FL 34491

Current Mailing Address:

15151 SOUTH HWY 441
SUITE 200
SUMMERFIELD, FL 34491

FEI Number: 51-0519313

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAMMANA, THOMAS F
6245 6245 NE 60TH STREET
SILVER SPRINGS, FL 34488 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: THOMAS MAMMANA

04/06/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MAMMANA, THOMAS F
Address 6245 N.E. 60TH ST
City-State-Zip: SILVER SPRINGS FL 34488

Title S
Name MAMMANA, CAROL J
Address 6245 N.E. 60TH ST
City-State-Zip: SILVER SPRINGS FL 34488

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: DR THOMAS MAMMANA

DC PRESIDENT

04/06/2019

Electronic Signature of Signing Officer/Director Detail

Date