

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000155255

**Entity Name:** HERON LAKES CHIROPRACTIC CENTER, P.A.

**Current Principal Place of Business:**

5675 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33076

**Current Mailing Address:**

5675 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33076

**FEI Number:** 20-1883685

**Certificate of Status Desired:** No

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

COHEN, JARED SDR.  
5675 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33076 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	Title	VP
Name	COHEN, JARED SDR.	Name	CAMPESI/COHEN, CATERINA SDR.
Address	5675 CORAL RIDGE DRIVE	Address	5675 CORAL RIDGE DRIVE
City-State-Zip:	CORAL SPRINGS FL 33076	City-State-Zip:	CORAL SPRINGS FL 33076

*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:** JARED COHEN

**PRES**

**04/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date