

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000030055

**Entity Name:** CENTRAL FLORIDA MEDICAL & CHIROPRACTIC CENTER, INC.

**Current Principal Place of Business:**

5287 ALHAMBRA DR  
ORLANDO, FL 32808

**Current Mailing Address:**

5287 ALHAMBRA DR  
ORLANDO, FL 32808

**FEI Number:** 20-2414397

**Certificate of Status Desired:** No

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

LEOTTA, KATHY  
1863 BRIDGEWATER DR  
LAKE MARY, FL 32746 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            LEOTTA, SEAN  
Address        6388 SILVER STAR RD., STE. 1D  
City-State-Zip: ORLANDO FL 32818

Title            VP  
Name            LEOTTA, KATHY  
Address        1863 BRIDGEWATER DR  
City-State-Zip: LAKE MARY FL

*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:** KATHY LEOTTA

VP

04/26/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date