

2018 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
11437 WATERSTONE LOOP DRIVE
WINDERMERE, FL 34786 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 PD
Name LEOTTA, SEAN
Address 5287 ALHAMBRA DR
City-State-Zip: ORLANDO FL 32808

Title VPD
Name LEOTTA, KATHY
Address 5287 ALHAMBRA DR
City-State-Zip: ORLANDO FL 32808

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

03/26/2018

Electronic Signature of Signing Officer/Director Detail

Date