

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000079609

**Entity Name:** DAVID M. TRAX, D.C., P.A.

**Current Principal Place of Business:**

6005 SW US 301, STE 405A  
HAWTHORNE, FL 32640

**Current Mailing Address:**

6005 SW US 301, STE 405A  
HAWTHORNE, FL 32640

**FEI Number:** 20-3273476

**Certificate of Status Desired:** No

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

LIVINGSTON, ROBERT E  
445 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870 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            D  
Name            TRAX, DAVID M  
Address        321 KITE AVENUE  
City-State-Zip: SEBRING FL 33872

*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:** DAVID M TRAX

**PRESIDENT**

**03/25/2015**

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

\_\_\_\_\_  
Date