

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000119118

**Entity Name:** C & C CHIROPRACTIC AND LASER CENTER, INC.

**Current Principal Place of Business:**

1354 S.W. 18  
MIAMI, FL 33145

**FILED**  
**Apr 25, 2013**  
**Secretary of State**  
**CC2916718037**

**Current Mailing Address:**

1354 S.W. 18 ST  
MIAMI, FL 33145

**FEI Number: 61-1509549**

**Certificate of Status Desired: No**

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

CASTELLANOS, ETNA M  
1354 SW 18 ST  
MIAMI, FL 33145 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	Title	VPD
Name	CASTELLANOS, ETNA M	Name	CASTELLANOS, LUCY
Address	1354 SW 18 ST	Address	1354 SW 18 ST
City-State-Zip:	MIAMI FL 33145	City-State-Zip:	MIAMI FL 33145

*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: ETNA M CASTELLANOS**

**PRESIDENT**

**04/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date