

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000130450

**FILED**  
**Mar 25, 2015**  
**Secretary of State**  
**CC8143264221**

**Entity Name:** VILLAGE CHIROPRACTIC CENTER OF BOYNTON BEACH, INC.

**Current Principal Place of Business:**

6607 W. BOYNTON BEACH BLVD.  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

6607 W. BOYNTON BEACH BLVD.  
BOYNTON BEACH, FL 33437 US

**FEI Number:** 20-8616922

**Certificate of Status Desired:** No

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

BILU, RON S  
2700 WEST ATLANTIC BLVD  
204  
PAMPANO, FL 33069 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  
Name WASSER, HOWARD  
Address 6607 W. BOYNTON BEACH BLVD.  
City-State-Zip: BOYNTON BEACH FL 33437

*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:** HOWARD WASSER

**PRESIDENT**

**03/25/2015**

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

\_\_\_\_\_  
Date