

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000100977

Entity Name: FORT MEADE CHIROPRACTIC CLINIC, P.A.

Current Principal Place of Business:

111 WEST BROADWAY AVENUE
FORT MEADE, FL 33841

Current Mailing Address:

111 WEST BROADWAY AVENUE
FORT MEADE, FL 33841

FEI Number: 26-1285607

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAAG, ROGER
111 WEST BROADWAY AVENUE
FORT MEADE, FL 33841 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 HAAG, ROGER
Address 111 WEST BROADWAY AVENUE
City-State-Zip: FORT MEADE FL 33841

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: ROGER HAAG

01/19/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date