

**2013 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

**PRES**

**02/28/2013**

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

\_\_\_\_\_  
Date