

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000123225

Entity Name: NECK & BACK CARE CENTER, INC.

Current Principal Place of Business:

912 NE 5TH STREET
CRYSTAL RIVER, FL 34429

Current Mailing Address:

912 NE 5TH STREET
CRYSTAL RIVER, FL 34429

FEI Number: 26-1393298

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ED SERRA, CPA
6118 W. CORPORATE OAKS DRIVE
CRYSTAL RIVER, FL 34429 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 DR
Name OLIVERIO, ANTHONY B
Address 912 NE 5TH STREET
City-State-Zip: CRYSTAL RIVER FL 34429

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: ANTHONY B OLIVERIO DC

PRESIDENT

01/13/2015

Electronic Signature of Signing Officer/Director Detail

Date