

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000036701

**Entity Name:** LAB QUEST & FAMILY CHIROPRACTIC ASSOCIATION, INC.

**Current Principal Place of Business:**

1003 S KIRKMAN ROAD STE 203  
ORLANDO, FL 32811

**Current Mailing Address:**

1003 S KIRKMAN ROAD STE 203  
ORLANDO, FL 32811

**FEI Number: 26-4711484**

**Certificate of Status Desired: No**

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

SNOW, ROBERT SDR.  
1003 S KIRKMAN ROAD STE 203  
ORLANDO, FL 32811 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 DP  
Name SNOW, ROBERT S  
Address 1003 S KIRKMAN ROAD STE 203  
City-State-Zip: ORLANDO FL 32811

*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: SNOW, ROBERT S**

**DP**

**04/30/2013**

Electronic Signature of Signing Officer/Director Detail

Date