

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000036701

Entity Name: PROSPORT CHIROPRACTIC & WELLNESS, 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 S DR.
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

04/29/2014

Electronic Signature of Signing Officer/Director Detail

Date