2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2016
Secretary of State
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Entity Name: SLIGH CLINIC OF CHIROPRACTIC, INC.

Current Principal Place of Business:

425 S FLORIDA AVENUE
LAKELAND, FL 33801

Current Mailing Address:

POST OFFICE BOX 873
LAKELAND, FL 33802-8073

FEI Number: 27-1572994

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SLIGH, STEPHEN E D.C.
425 S FLORIDA AVENUE
LAKELAND, FL 33801 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: STEPHEN E SLIGH,D.C. 04/20/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	SLIGH, STEPHEN E D.C
Address	425 S. FLORIDA AVENUE
City-State-Zip:	LAKELAND FL 33801

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: STEPHEN E. SLIGH, D.C. P 04/20/2016

Electronic Signature of Signing Officer/Director Detail — Date