

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000007607

Entity Name: SEACOAST CLINIC OF CHIROPRACTIC INC.

Current Principal Place of Business:

149 SW PORT SAINT LUCIE BLVD
PORT SAINT LUCIE, FL 34984

Current Mailing Address:

149 SW PORT SAINT LUCIE BLVD
PORT SAINT LUCIE, FL 34984

FEI Number: 27-2470359

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VISLOCKY, VICTORIA J DR.
149 SW PORT SAINT LUCIE BLVD
PORT SAINT LUCIE, FL 34984 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: VICTORIA J VISLOCKY

04/29/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name VISLOCKY, VICTORIA J
Address 2156 SE HERRON AVENUE
City-State-Zip: PORT SAINT LUCIE FL 34952

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: VICTORIA J VISLOCKY

VICE PRESIDENT

04/29/2013

Electronic Signature of Signing Officer/Director Detail

Date