

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000076491

**Entity Name:** GARDNER CHIROPRACTIC & SPORTS REHABILITATION  
CENTER, INC

**FILED**  
**Apr 28, 2017**  
**Secretary of State**  
**CC3746079434**

**Current Principal Place of Business:**

5010 W NEWBERRY RD  
SUITE D  
GAINESVILLE, FL 32607

**Current Mailing Address:**

5010 W NEWBERRY RD  
SUITE D  
GAINESVILLE, FL 32607 US

**FEI Number: 27-3443698**

**Certificate of Status Desired: No**

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

MTA OFOVIEDO FINANCIAL SERVICES, INC.  
2572 ALOMA AVENUE  
SUITE 1072  
OVIEDO, FL 32765 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 D  
Name GARDNER, PAUL  
Address 5010 W NEWBERRY RD  
SUITE D  
City-State-Zip: GAINESVILLE FL 32607

*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: PAUL GARDNER**

**D**

**04/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date