#### 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000076491

Entity Name: GARDNER CHIROPRACTIC & SPORTS REHABILITATION

CENTER, INC

# **Current Principal Place of Business:**

4741 NW 8TH AVENUE SUITE B

GAINESVILLE, FL 32607

## **Current Mailing Address:**

4741 NW 8TH AVENUE SUITE B 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

**FILED** Apr 27, 2018

**Secretary of State** 

CC2593768806

#### Officer/Director Detail:

Title

Address

GARDNER, PAUL Name

4741 NW 8TH AVENUE

SUITE B

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 Electronic Signature of Signing Officer/Director Detail D

04/27/2018