

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000058799

**Entity Name:** MEGAN PEARCE CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

1045 LAKESHORE DR.  
203  
LAKE PARK, FL 33403

**FILED**  
**Mar 09, 2016**  
**Secretary of State**  
**CC0487344584**

**Current Mailing Address:**

1045 LAKESHORE DR.  
203  
LAKE PARK, FL 33403 US

**FEI Number: 45-5628171**

**Certificate of Status Desired: No**

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

DOUGHERTY, THOMAS HESQ  
712 US HWY ONE  
SUITE 210  
NORTH PALM BEACH,, FL 33408 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 P, T  
Name PEARCE, MEGAN  
Address 1045 LAKESHORE DR.  
203  
City-State-Zip: LAKE PARK FL 33403

*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: MEGAN PEARCE**

**P, T**

**03/09/2016**

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

\_\_\_\_\_  
Date