

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000046766

Entity Name: NAPLES FAMILY CHIROPRACTIC CLINIC INC

Current Principal Place of Business:

2310 IMMOKALEE ROAD
NAPLES, FL 34110

Current Mailing Address:

2310 IMMOKALEE ROAD
NAPLES, FL 34110 US

FEI Number: 46-2854604

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOSES, JENNIFER J PA
2310 IMMOKALEE ROAD
NAPLES, FL 34110 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: JENNIFER J MOSES

05/07/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MOSES, JENNIFER J D.C. PA
Address 2310 IMMOKALEE ROAD
City-State-Zip: NAPLES FL 34110

Title VP
Name GALBRAITH, LINDA G
Address 2310 IMMOKALEE ROAD
City-State-Zip: NAPLES FL 34110

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: LINDA GALBRAITH

VP

05/07/2016

Electronic Signature of Signing Officer/Director Detail

Date