

**2017 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

01/09/2017

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 G GALBRAITH

V PRESIDENT

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date