

2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P14000023978

Entity Name: ICHIROPRACTIC AND WELLNESS, INC.

Current Principal Place of Business:

5500 BRYSON DRIVE
SUITE 303
NAPLES, FL 34109

Current Mailing Address:

5500 BRYSON DRIVE
SUITE 303
NAPLES, FL 34109

FEI Number: 46-5157282

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEHREN, SCOTT M
2893 EXECUTIVE PARK DRIVE
SUITE 110
WESTON, FL 33331 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
Name BROWNER, MARC
Address 5500 BRYSON DRIVE-SUITE 303
City-State-Zip: NAPLES FL 34109

Title VP
Name KOPPEL, NEIL J
Address 5500 BRYSON DRIVE
 SUITE 303
City-State-Zip: NAPLES FL 34109

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: MARC J BROWNER

P

09/01/2015

Electronic Signature of Signing Officer/Director Detail

Date