

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000051162

**Entity Name:** TOP CHIROPRACTIC CARE & MEDICAL CENTER, INC.

**Current Principal Place of Business:**

702 S DIXIE HWY  
LAKE WORTH, FL 33460

**Current Mailing Address:**

702 S DIXIE HWY  
LAKE WORTH, FL 33460 US

**FEI Number:** 47-1104301

**Certificate of Status Desired:** No

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

CLERGE-LEGER, CARLINE DR  
702 S DIXIE HWY  
LAKE WORTH, FL 33460 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 CLERGE-LEGER, CARLINE DR  
Address 702 S DIXIE HWY  
City-State-Zip: LAKE WORTH FL 33460

*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:** CLERGE-LEGER CARLINE

**DIRECTOR**

**04/30/2019**

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

\_\_\_\_\_  
Date