

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000051162

Entity Name: TOP CHIROPRACTIC CARE 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

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: CARLINE CLERGE-LEGER

CHIROPRACTOR

03/17/2017

Electronic Signature of Signing Officer/Director Detail

Date