

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000078006

Entity Name: SOUTH LAKELAND CHIROPRACTIC CENTER P.A.

Current Principal Place of Business:

4788 S. FLORIDA AVE.
LAKELAND, FL 33813

Current Mailing Address:

4788 S. FLORIDA AVE.
LAKELAND, FL 33813 US

FEI Number: 47-1899683

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABRAHAM, IDA
3657 COVINGTON LANE
LAKELAND, FL 33810 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 ABRAHAM, IDA
Address 2308 CAROLINA AVE.
City-State-Zip: LAKELAND FL 33803

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: IDA ABRAHAM

OWNER

02/11/2019

Electronic Signature of Signing Officer/Director Detail

Date