2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2017
Secretary of State
CC5205368779

DOCUMENT# P16000049409

Entity Name: CORE HEALTH CHIROPRACTIC INC.

Current Principal Place of Business:

4300 N. UNIVERSITY DR.
B104
SUNRISE , FL 33351

Current Mailing Address:

4300 N. UNIVERSITY DR.
B104
SUNRISE , FL 33351 US

FEI Number: 81-2910422

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAYLOR, CHRISTOPHER M
4300 N. UNIVERSITY DR.
B104
SUNRISE , FL 33351 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	MAYLOR, CHRISTOPHER M
Address	4300 N. UNIVERSITY DR. B104
City-State-Zip:	SUNRISE FL 33351

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: CHRISTOPHER MAYLOR OWNER 04/14/2017

Electronic Signature of Signing Officer/Director Detail — Date