

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000066000

**Entity Name:** VALVERDE CHIROPRACTIC INC.

**Current Principal Place of Business:**

5203 CENTRAL AVE  
ST. PETERSBURG, FL 33710

**Current Mailing Address:**

5203 CENTRAL AVE  
ST. PETERSBURG, FL 33710 US

**FEI Number: 81-3527929**

**Certificate of Status Desired: Yes**

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

VALVERDE, MANUEL A DR.  
10092 GULF BLVD  
#1  
TREASURE ISLAND, FL 33706 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 VALVERDE, MANUEL A DR.  
Address 10092 GULF BLVD #1  
City-State-Zip: TREASURE ISLAND FL 33706

Title VP  
Name VALVERDE, LARA A  
Address 10092 GULF BLVD #1  
City-State-Zip: TREASURE ISLAND FL 33706

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: MANUEL VALVERDE**

**PRESIDENT**

**01/23/2018**

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

\_\_\_\_\_  
Date