

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000067718

**Entity Name:** WALLACE FAMILY CHIROPRACTIC PA

**Current Principal Place of Business:**

502 N SPRING GARDEN AVE  
SUITE 8  
DELAND, FL 32720

**Current Mailing Address:**

502 N SPRING GARDEN AVE  
SUITE 8  
DELAND, FL 32720 US

**FEI Number:** 81-3592393

**Certificate of Status Desired:** No

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

THE GALLO GROUP INC  
9900 W SAMPLE ROAD  
SUITE 300  
CORAL SPRINGS, FL 33065 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            PRESIDENT  
Name            WALLACE, KENNETH R  
Address        704 S LAKE VICTORIA CIRCLE  
City-State-Zip: DELAND FL 32724

*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:** KENNETH WALLACE

**PRESIDENT**

**04/25/2018**

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

\_\_\_\_\_  
Date