

2019 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

04/18/2019

Electronic Signature of Signing Officer/Director Detail

Date