

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000002471

Entity Name: STANSBERRY CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

501 N.W. 16 AVE.
GAINESVILLE, FL 32601

Current Mailing Address:

501 N.W. 16 AVE.
GAINESVILLE, FL 32601

FEI Number: 59-3218250

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHAMBERLAIN, STEVEN M
752 E SILVER SPRINGS BLVD.
OCALA, FL 34470 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 PST
Name STANSBERRY, TERRY W.
Address 6350 NE 160TH AVE
City-State-Zip: WILLISTON FL 32696

Title V
Name STANSBERRY, PATRICIA G
Address 6350 NE 160TH AVE
City-State-Zip: WILLISTON FL 32696

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: PATRICIA G STANSBERRY

V

03/18/2016

Electronic Signature of Signing Officer/Director Detail

Date