

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000051607

Entity Name: AMUNATEGUI CHIROPRACTIC CENTER INC.

Current Principal Place of Business:

1025 E. HALLANDALE BEACH BLVD. #7
HALLANADALE, FL 33009

Current Mailing Address:

1025 E. HALLANDALE BEACH BLVD. #7
HALLANADALE, FL 33009

FEI Number: 65-0596251

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

AMUNATEGUI, JOSEPH AII
1025 E HALLANDALE BEACH BLVD
SUITE 7
HALLANDALE BEACH, FL 33009 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 D,P
Name AMUNATEGUI, JOSEPH AII
Address 1025 E. HALLANDALE BEACH BLVD.
City-State-Zip: HALLANDALE FL 33009

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: JOSEPH A. AMUNATEGUI II

D,P

05/11/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date