2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2017
Secretary of State
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Entity Name: ADVANCED CHIROPRACTIC NUTRITION CENTER, P.A.

Current Principal Place of Business:

440-A THIRD STREET
SUITE A
NEPTUNE BEACH, FL 32266

Current Mailing Address:

440-A THIRD STREET
SUITE A
NEPTUNE BEACH, FL 32266 US

FEI Number: 59-3328684

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHEPLER, SUSAN L
440-A THIRD ST
NEPTUNE BEACH, FL 32266 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	PD	Title	SECRETARY
Name	SHEPLER, SUSAN LD.C.	Name	KISKA, THOMAS A.
Address	440-A THIRD STREET	Address	440-A THIRD STREET SUITE A
City-State-Zip:	NEPTUNE BEACH FL 32266	City-State-Zip:	NEPTUNE BEACH FL 32266

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: SUSAN SHEPLER PD 02/14/2017

Electronic Signature of Signing Officer/Director Detail — Date