

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000081065

**Entity Name:** PINES WEST CHIROPRACTIC, INC.

**Current Principal Place of Business:**

18501 PINES BLVD  
104  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

18501 PINES BLVD  
104  
PEMBROKE PINES, FL 33029

**FEI Number:** 65-0705019

**Certificate of Status Desired:** No

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

BUCKLEY, JOSEPH  
18501 PINES BLVD  
104  
PEMBROKE PINES, FL 33029 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  
Name BUCKLEY, JOSEPH  
Address 6501 S.W. 180TH TERRACE  
City-State-Zip: S.W. RANCHES FL 33331

Title D  
Name MARTINEZ, DAMIAN  
Address 1710 BAY DRIVE  
City-State-Zip: MIAMI BEACH FL 33141

*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:** DR. JOSEPH M. BUCKLEY

**OWNER**

**01/07/2015**

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

\_\_\_\_\_  
Date