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.

PRESIDENT.

SIGNATURE: MARK DULBERG

Electronic Signature of Signing Officer/Director Detail

ſy .ır

SIGNATURE:

Officer/Director Detail :			
Title	PD	Title	SEC
Name	DULBERG, MARK LD.C.	Name	DULBERG, NINA
Address	2099 NE 196 TERRACE	Address	2099 NE 196 TERRACE
City-State-Zip:	NORTH MIAMI BEACH FL 33179	City-State-Zip:	NORTH MIAMI BEACH FL 33179

Electronic Signature of Registered Agent

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.

NORTH MIAMI BEACH. FL 33160

Name and Address of Current Registered Agent:

FEI Number: 65-0907147

3431 NE 163 STREET

3431 NE 163 STREET

NORTH MIAMI BEACH. FL 33160

Current Mailing Address:

DOCUMENT# P98000079976

Current Principal Place of Business:

STANDER, ALAN ECPA 6601 NW 14TH STREET, SUITE #3

PLANTATION, FL 33313 US

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: AMAZING TOUCH CHIROPRACTIC, INC.

FILED Jun 10, 2014 Secretary of State CC6989281639

Date

Certificate of Status Desired: Yes

06/10/2014 Date