

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000094899

Entity Name: ROSSI CHIROPRACTIC CENTERS, INC.

Current Principal Place of Business:

7442 ROYAL PALM BLVD
MARGATE, FL 33063

FILED
Mar 16, 2015
Secretary of State
CC4465921667

Current Mailing Address:

7442 ROYAL PALM BLVD
MARGATE, FL 33063

FEI Number: 65-0875343

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSSI, ARMAND M
7442 ROYAL PALM BLVD
MARGATE, FL 33063 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	P	Title	STD
Name	ROSSI, ARMAND M	Name	ROSSI, ARMAND
Address	1299 SW 4TH ST	Address	1299 SW 4TH ST
City-State-Zip:	BOCA RATON FL 33486	City-State-Zip:	BOCA RATON FL 33486

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: ARMAND M. ROSSI

CEO

03/16/2015

Electronic Signature of Signing Officer/Director Detail

Date