## **2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000028162

Entity Name: PELLETIERE FAMILY CHIROPRACTIC, P.A.

**Current Principal Place of Business:** 

9138 BONITA BEACH RD. BONITA SPRINGS. FL 34135

## **Current Mailing Address:**

9138 BONITA BEACH RD. BONITA SPRINGS. FL 34135

FEI Number: 59-3561301 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

PELLETIERE, MICHELE 9138 BONITA BEACH RD. BONITA SPRINGS, FL 34135 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

FILED Mar 26, 2013

**Secretary of State** 

CC8495369561

## Officer/Director Detail:

Title DR

Name PELLETIERE, MICHELE
Address 9895 CITADEL LN., #207
City-State-Zip: BONITA SPRINGS FL 34135

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. MICHELE L PELLETIERE

OWNER/PRESIDENT

03/26/2013

Electronic Signature of Signing Officer/Director Detail

Date