

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S81010

**Entity Name:** T.L.C. CHIROPRACTIC CENTER, INC.

**Current Principal Place of Business:**

3625 N.W. 82ND AVE  
320  
DORAL, FL 33166

**Current Mailing Address:**

3625 N.W. 82ND AVE  
320  
DORAL, FL 33166 US

**FEI Number:** 65-0284044

**Certificate of Status Desired:** No

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

GIRALDEZ, SERGIO JESUS  
3625 NW 82 AVE  
320  
MIAMI, FL 33196 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:** SERGIO GIRALDEZ

01/18/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name GIRALDEZ, SERGIO JOWNER  
Address 3625 NW 82 AVE SUITE 320  
City-State-Zip: DORAL FL 33166

Title D  
Name DEL CAMPILLO, MARIA OWNER  
Address 3625 NW 82 AVE SUITE 320.  
City-State-Zip: DORAL FL 33166

*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:** SERGIO GIRALDEZ

**PRESIDENT**

01/18/2017

Electronic Signature of Signing Officer/Director Detail

Date