

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S86960

**Entity Name:** FLAGLER CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

1240 SOUTH OCEANSHORE BLVD.  
FLAGLER BEACH, FL 32136

**Current Mailing Address:**

1240 SOUTH OCEANSHORE BLVD.  
FLAGLER BEACH, FL 32136 US

**FEI Number:** 59-3121419

**Certificate of Status Desired:** No

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

LEMNOUNI, ADAM  
1240 SOUTH OCEANSHORE BLVD.  
FLAGLER BEACH, FL 32136 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  
Name LEMNOUNI, ADAM (DR.)  
Address 1240 SOUTH OCEANSHORE BLVD.  
City-State-Zip: FLAGLER BEACH FL 32136

Title S  
Name LEMNOUNI, DONNA  
Address 1240 SOUTH OCEANSHORE BLVD.  
City-State-Zip: FLAGLER BEACH FL 32136

*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:** ADAM LEMNOUNI

**PRESIDENT**

**01/02/2018**

Electronic Signature of Signing Officer/Director Detail

Date