

2013 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

PRES

01/11/2013

Electronic Signature of Signing Officer/Director Detail

Date