

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 602462

**Entity Name:** CARTER CHIROPRACTIC PHYSICIANS, P.A.

**Current Principal Place of Business:**

4211 PEARL ST.  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

13453 NORTH MAIN STREET # 103  
JACKSONVILLE, FL 32218

**FEI Number: 59-1307542**

**Certificate of Status Desired: No**

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

AKEL, DANIEL D.  
ONE INDEPENDENT SQUARE  
SUITE 2301  
JACKSONVILLE, FL 32202 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	PD	Title	VTs
Name	CARTER, GRADY L.	Name	CARTRETT, DIANE L
Address	4211 PEARL ST.	Address	4211 PEARL ST.
City-State-Zip:	JACKSONVILLE FL 32206	City-State-Zip:	JACKSONVILLE FL 32206

*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: DIANE L. CARTRETT**

**VTs**

**01/20/2017**

Electronic Signature of Signing Officer/Director Detail

Date