

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92175

Entity Name: CRESTHAVEN CHIROPRACTIC CENTRE, INC.

Current Principal Place of Business:

2601-34 S MILITARY TRAIL
WEST PALM BEACH, FL 33415

Current Mailing Address:

2601-34 S MILITARY TRAIL
WEST PALM BEACH, FL 33415 US

FEI Number: 59-2202020

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, LESLIE H
2601-34 S. MILITARY TRAIL
WEST PALM BEACH, FL 33415 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 PRES
Name COHEN, LESLIE H
Address 8095 STEEPLECHASE DR
City-State-Zip: PALM BEACH GARDENS FL 33418

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: LESLIE COHEN

PRESIDENT

01/11/2015

Electronic Signature of Signing Officer/Director Detail

Date