

**2013 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 H COHEN

**PRESIDENT**

**02/13/2013**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date