

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H74420

Entity Name: MERRILL-RINALDI CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

152 N. HARBOR CITY BLVD.
SUITE 100
MELBOURNE, FL 32935

Current Mailing Address:

152 N. HARBOR CITY BLVD
SUITE 100
MELBOURNE, FL 32935 US

FEI Number: 59-2587874

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RINALDI, FRANCES J.
1900 S. HARBOR CITY BLVD.
SUITE 109
MELBOURNE, FL 32901 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 DR
Name MERRILL, ANDRE J.
Address 152 N. HARBOR CITY BLVD. SUITE
109
STE. 100
City-State-Zip: MELBOURNE FL 32935

Title DR
Name RINALDI, FRANCES J.
Address 152 N. HARBOR CITY BLVD. SUITE
109
City-State-Zip: MELBOURNE FL 32935

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: ANDRE MERRILL

PRESIDENT

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date