

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J85707

Entity Name: FAMILY CHIROPRACTIC CENTER OF WEST LAKE WORTH, P.A.

Current Principal Place of Business:

3938 PINEHURST DRIVE
LAKE WORTH, FL 33467

Current Mailing Address:

3938 PINEHURST DRIVE
LAKE WORTH, FL 33467

FEI Number: 65-0012002

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DIMARCO, DEXTER DD.C.
3938 PINEHURST DR
GREEN ACRES, FL 33467 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 PSTD
Name DIMARCO, DR DEXTER
Address 3938 PINEHURST DR
City-State-Zip: LAKE WORTH FL 33467

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: DIMARCO, DR DEXTER

PRESIDENT

01/13/2018

Electronic Signature of Signing Officer/Director Detail

Date