

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J85707

**FILED**  
**Apr 01, 2019**  
**Secretary of State**  
**8225921794CC**

**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**

**04/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date