

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K72505

**Entity Name:** CAMERON CHIROPRACTIC AND HOLISTIC HEALTHCARE, INC.

**Current Principal Place of Business:**

C/O COREY CAMERON  
2117 NE 44 ST  
FT. LAUDERDALE, FL 33308

**Current Mailing Address:**

C/O COREY CAMERON  
2117 NE 44 ST  
FT. LAUDERDALE, FL 33308

**FEI Number:** 65-0115790

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAMERON,COREY  
2117 NE 44 STREET  
FT. LAUDERDALE, FL 33308 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 CAMERON, COREY  
Address 2117 NE 44 STREET  
City-State-Zip: FT. LAUDERDALE FL 33308

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:** COREY CAMERON

**PRESIDENT**

**05/05/2016**

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

\_\_\_\_\_  
Date