

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L05828

**Entity Name:** CHIROPRACTIC CLINICS, INC.

**Current Principal Place of Business:**

499 PATRICIA  
B  
DUNEDIN, FL 34698

**Current Mailing Address:**

499 PATRICIA AVE, SUITE B  
DUNEDIN, FL 34698

**FEI Number: 59-2963237**

**Certificate of Status Desired:** No

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

COLUCCI LYNN M.  
218 MIDWAY ISLAND  
CLEARWATER, FL 33767 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 PST  
Name COLUCCI, LYNN M.  
Address 218 MIDWAY ISLAND  
City-State-Zip: CLEARWATER FL

*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: LYNN M. COLUCCI**

**PST**

**03/01/2018**

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

\_\_\_\_\_  
Date