

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L05828

Entity Name: CHIROPRACTIC CLINICS, INC.

Current Principal Place of Business:

516 PATRICIA
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

03/06/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date