

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L24831

**Entity Name:** SCOMA CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

3714 DEL PRADO BLVD  
STE C  
CAPE CORAL, FL 33904-7141

**Current Mailing Address:**

3714 DEL PRADO BLVD  
STE C  
CAPE CORAL, FL 33904-7141

**FEI Number:** 65-0159053

**Certificate of Status Desired:** No

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

SCOMA, LOUIS DR  
3714-C DEL PRADO BLVD.  
STE C  
CAPE CORAL, FL 33904 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 SCOMA, LOUIS  
Address 3714-C DEL PRADO BLVD.  
City-State-Zip: CAPE CORAL FL 33904

*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:** DR LOUIS SCOMA

**PRESIDENT**

**06/11/2013**

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

\_\_\_\_\_  
Date