

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L88096

Entity Name: FAMILY LIFE CHIROPRACTIC, P.A.

Current Principal Place of Business:

205 GARDEN AVENUE, NORTH
1ST FLOOR
CLEARWATER, FL 33755

Current Mailing Address:

205 GARDEN AVENUE, NORTH
1ST FLOOR
CLEARWATER, FL 33755

FEI Number: 59-3017580

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JARRETT, JERE
205 N GARDEN AVE
CLEARWATER, FL 33755 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 P
Name JARRETT, JERE
Address 205 N GARDEN AVE
1ST FLOOR
City-State-Zip: CLEARWATER FL 33755

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: ELIANE COSTA

OFFICE MANAGER

01/03/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date