## 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M85790

Entity Name: COOPER CHIROPRACTIC AND NEUROLOGICAL DIAGNOSTIC

CENTER, P.A.

FILED
Apr 25, 2013
Secretary of State
CC0931668582

### **Current Principal Place of Business:**

1501 ROBERT J CONLAN BLVD NE

SUITE #3

PALM BAY, FL 32905

# **Current Mailing Address:**

1501 ROBERT J CONLAN BLVD NE SUITE #3 PALM BAY, FL 32905 US

FEI Number: 59-2895599 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

COOPER, STANTON T 1501 ROBERT CONLAN BLVD NE PALM BAY, FL 32905 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 COOPER, STANTON T.

Address 1501 ROBERT J CONLAN BLVD NE, #

3

City-State-Zip: PALM BAY FL 32905

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: JENNIFER BORKOWSKI

Electronic Signature of Signing Officer/Director Detail

OFFICE ASSISTANT

04/25/2013

Date