

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000030529

Entity Name: MURPHY CHIROPRACTIC, INC.

Current Principal Place of Business:

3013 DEL PRADO BLVD. S, UNIT 8
CAPE CORAL, FL 33904

Current Mailing Address:

2169 LOCHMOOR CIRCLE
N. FT. MYERS, FL 33903

FEI Number: 65-1008822

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MURPHY, CHARLES J
2169 LOCHMOOR CIRCLE
N. FT. MYERS, FL 33903 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 MURPHY, CHARLES J
Address 2169 LOCHMOOR CIRCLE
City-State-Zip: N. FT. MYERS FL 33903

Title MRS.
Name MURPHY, PATRICIA A
Address 2169 LOCHMOOR CIRCLE
City-State-Zip: N. FT. MYERS FL 33903

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: CHARLES J MURPHY, DC

CHIROPRACTOR

01/11/2016

Electronic Signature of Signing Officer/Director Detail

Date