

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000007094

**Entity Name:** LORRAINE THORPE, D.C., PA

**Current Principal Place of Business:**

5144 CENTRAL AVE  
ST PETERSBURG, FL 33707

**Current Mailing Address:**

5144 CENTRAL AVE  
ST PETERSBURG, FL 33707

**FEI Number:** 59-3696149

**Certificate of Status Desired:** No

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

THORPE, LORRAINE DC  
5144 CENTRAL AVE  
ST PETERSBURG, FL 33707 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 THORPE, LORRAINE DC PA  
Address 5144 CENTRAL AVE  
City-State-Zip: ST PETERSBURG FL 33707

*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:** LORRAINE THORPE

**OWNER**

**02/08/2019**

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

\_\_\_\_\_  
Date