

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000020530

Entity Name: WINDMILL CHIROPRACTIC, P.A.

Current Principal Place of Business:

17160 ROYAL PALM BLVD
STE 1
WESTON, FL 33326

Current Mailing Address:

17160 ROYAL PALM BLVD
STE 1
WESTON, FL 33326

FEI Number: 48-1303172

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEHAR, RICK J
1850 HIDDEN TRAIL LANE
WESTON, FL 33327 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 BEHAR, RICK
Address 1850 HIDDEN TRAIL LANE
City-State-Zip: FORT LAUDERDALE FL 33327

Title VP
Name BROWNER, MARC J
Address 14915 S.W. 35TH STREET
City-State-Zip: DAVIE FL 33331

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: RICK BEHAR

PRESIDENT

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date