## 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000033360

Entity Name: FULMORE & ASSOCIATES CHIROPRACTIC AND SPINAL

INJURY CENTERS, P.A.

**Current Principal Place of Business:** 

781 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:** 

781 MAITLAND AVENUE

ALTAMONTE SPRINGS, FL 32701

FEI Number: 56-2337210 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FULMORE & ASSOCIATES 781 MAITLAND AVE ALTAMONTE SPRINGS, FL 32701 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

FILED Apr 29, 2019

**Secretary of State** 

8205421832CC

Officer/Director Detail:

Title PRES Title VP

Name FULMORE, RONALD L

Address 781 MAITLAND AVENUE Address 781 MAITLAND AVE

City-State-Zip: ALTAMONTE SPRINGS FL 32701 City-State-Zip: ALTAMONTE SPRINGS FL 32701

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: RONALD L FULMORE

**MGR** 

04/29/2019