

**2016 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

**Officer/Director Detail :**

|                 |                            |                 |                            |
|-----------------|----------------------------|-----------------|----------------------------|
| Title           | PRES                       | Title           | VP                         |
| Name            | FULMORE, RONALD L          | Name            | FULMOREII, 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

**PRES**

**03/21/2016**

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

\_\_\_\_\_  
Date