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

SIGNATURE: DR. ALAN CREED

Electronic Signature of Signing Officer/Director Detail

1427 PONCE DE LEON BLVD CORAL GABLES, FL 33134

DOCUMENT# P03000054221

Entity Name: ALAN CREED, D.C. P.A.

Current Principal Place of Business:

Current Mailing Address:

1427 PONCE DE LEON BLVD CORAL GABLES. FL 33134

FEI Number: 27-0059452

Name and Address of Current Registered Agent:

CREED, ALAN M D.C., P.A 1427 PONCE DE LEON BLVD CORAL GABLES, FL 33134 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	: DR. ALAN CREED D.C.,P.A.			01/30/2017
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	VP, TREASURER	
Name	CREED, ALAN M DR.	Name	MURILLO, MARIA A	
Address	1427 PONCE DE LEON BLVD	Address	1427 PONCE DE LEON BLVD	
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	

above, or on an attachment with all other like empowered.

PRESIDENT

01/30/2017 Date

FILED Jan 30, 2017 Secretary of State CC1660595844

Certificate of Status Desired: Yes

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT