

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000072715

**Entity Name:** PINE CASTLE CHIROPRACTIC CENTER, INC.

**Current Principal Place of Business:**

707 E OAK RIDGE RD  
ORLANDO, FL 32809

**Current Mailing Address:**

707 E OAK RIDGE RD  
ORLANDO, FL 32809

**FEI Number:** 42-1599268

**Certificate of Status Desired:** No

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

HOFFMEISTER, WILLIAM S II  
707 E. OAKRIDGE ROAD  
ORLANDO, FL 32809 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 MR  
Name HOFFMEISTER, WILLIAM S DR.  
Address 707 E. OAKRIDGE ROAD  
City-State-Zip: ORLANDO FL 32809

*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:** WILLIAM HOFFMEISTER

D.C./OWNER

02/07/2019

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

\_\_\_\_\_ Date