

2015 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 SII
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 SDR
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 S. HOFFMEISTER, D.C.

OWNER/CHIROPRACTO 01/08/2015
R

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date