

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000078707

**Entity Name:** WEST SIDE CHIROPRACTOR, INC.

**Current Principal Place of Business:**

1310 WEST COLONIAL DRIVE  
SUITE 21-23  
ORLANDO, FL 32804

**Current Mailing Address:**

1310 WEST COLONIAL DRIVE  
SUITE 21-23  
ORLANDO, FL 32804 US

**FEI Number: 32-0086348**

**Certificate of Status Desired: No**

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

VITAL, WILL L  
1087 SOUTH HIAWASSEE ROAD  
ORLANDO, FL 32835 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            D  
Name            VITAL, WILL L  
Address        1087 SOUTH HIAWASSEE ROAD  
City-State-Zip: ORLANDO FL 32835

*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: WILL L VITAL** \_\_\_\_\_

**OWNER**

**01/10/2014**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date