

2015 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

03/06/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date