

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000090164

**Entity Name:** SUNCOAST CHIROPRACTIC AND ACUPUNCTURE, P.A.

**Current Principal Place of Business:**

687 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33953

**Current Mailing Address:**

P. O. BOX 380236  
MURDOCK, FL 33938

**FEI Number:** 20-0167394

**Certificate of Status Desired:** No

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

BENTON, CRAIG J  
9004 FALCON CT  
VENICE, FL 34293 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 PVST  
Name BENTON, CRAIG J  
Address 9004 FALCON CT  
City-State-Zip: VENICE FL 34293

Title D  
Name BENTON, CRAIG J  
Address 9004 FALCON CT  
City-State-Zip: VENICE FL 34293

Title CFO  
Name BENTON, CAROL M  
Address 9004 FALCON CT  
City-State-Zip: VENICE FL 34293

*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:** CRAIG J BENTON

PVST

04/09/2014

Electronic Signature of Signing Officer/Director Detail

Date