| | Current Mailing Address: | | |
|---|--|--|--|
| | P. O. BOX 380236 MURDOCK, FL 33938 | | |
| | FEI Number: 20-0167394 | | |
| 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 reg | | |
| | SIGNATURE: | | |
| | Electronic Signature of Registered Agent | | |
| | | | |

DOCUMENT# P03000090164

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

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

687 TAMIAMI TRAIL PORT CHARLOTTE, FL 33953

gistered agent, or both, in the State of Florida.

Officer/Director Detail :

| Title | PVST | Title | D |
|-----------------|------------------------|-----------------|-----------------|
| Name | BENTON, CRAIG J | Name | BENTON, CRAIG J |
| Address | 9004 FALCON CT | Address | 9004 FALCON CT |
| City-State-Zip: | VENICE FL 34293 | City-State-Zip: | VENICE FL 34293 |
| Title | | | |
| The | CFO | | |
| Name | CFO BENTON, CAROL M | | |
| | | | |

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

Date

Electronic Signature of Signing Officer/Director Detail

FILED Apr 23, 2019 **Secretary of State** 7171998197CC

Certificate of Status Desired: No