

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028917

Entity Name: DELRAY BEACH FAMILY CHIROPRACTIC CENTER INC

Current Principal Place of Business:

990 SOUTH CONGRESS AVE
STE 6
DELRAY BEACH, FL 33445

Current Mailing Address:

990 SOUTH CONGRESS AVE
STE 6
DELRAY BEACH, FL 33445 US

FEI Number: 20-0725726

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FEGHENS, DELVA
1121 FOSTERS MILLS DR
BOYNTON BEACH, FL 33436 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 P
Name FEGHENS, DELVA
Address 1121 FOSTERS MILLS DR
City-State-Zip: BOYNTON BEACH FL 33436

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: FEGHENS DELVA

P

04/26/2013

Electronic Signature of Signing Officer/Director Detail

Date