

2015 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:

HIRSCH AND COMPANY CPAS, INC
301 NE 51ST STREET - STE. 2121
BOCA RATON, FL 33431 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 PRESIDENT
Name GILWIT, NEIL DR.
Address 12677 CLASSIC DRIVE
City-State-Zip: CORAL SPRINGS FL 33071

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: NEIL GILWIT

P

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date