

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000055123

Entity Name: KELLERMAN FAMILY CHIROPRACTIC INC

Current Principal Place of Business:

7138 LAKEWORTH RD
LAKE WORTH, FL 33467

Current Mailing Address:

7554 VIA LURIA
LAKE WORTH, FL 33467

FEI Number: 20-0935732

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BERK, SHARI
9569 POSITANO WAY
LAKE WORTH, FL 33467 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 KELLERMAN, DOUGLAS
Address 7554 VIA LURIA
City-State-Zip: LAKE WORTH FL 33467

Title P
Name KELLERMAN, DOUGLAS
Address 7554 VIA LURIA
City-State-Zip: LAKE WORTH FL 33467

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: DR. DOUGLAS KELLERMAN

OWNER

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date