

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000063519

Entity Name: NODARSE CHIROPRACTIC CORP

Current Principal Place of Business:

4505 W FLAGLER ST
101
MIAMI, FL 33134

Current Mailing Address:

4505 W FLAGLER ST
101
MIAMI, FL 33134 US

FEI Number: 26-0094018

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NODARSE, MARIA T
2121 NORTH BAYSHORE DR
712
MIAMI, FL 33137 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 PD
Name NODARSE, MARIA T
Address 2121 NORTH BAYSHORE DR, # 712
City-State-Zip: MIAMI FL 33137

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: MARIA T NODARSE

PD

04/25/2016

Electronic Signature of Signing Officer/Director Detail

Date