

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000155235

Entity Name: PRO ACTIVE CHIROPRACTIC GROUP, INC.

Current Principal Place of Business:

4591 E HWY 20
STE 201
NICEVILLE, FL 32578

Current Mailing Address:

4591 E HWY 20
STE 201
NICEVILLE, FL 32578 US

FEI Number: 20-1876793

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHUESSLER, BRIAN L
1069 NAPA WAY
NICEVILLE, FL 32578 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 SCHUESSLER, BRIAN L
Address 1069 NAPA WAY
City-State-Zip: NICEVILLE FL 32578

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: BRIAN L. SCHUESSLER

PRESIDENT

04/09/2014

Electronic Signature of Signing Officer/Director Detail

Date