

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000156765

Entity Name: BRONSON FAMILY CHIROPRACTIC & WELLNESS CENTER, INC.

FILED
Feb 27, 2014
Secretary of State
CC3067640942

Current Principal Place of Business:

445 STATE RD 13
STE 9
JACKSONVILLE, FL 32259

Current Mailing Address:

445 STATE RD 13
STE 9
JACKSONVILLE, FL 32259

FEI Number: 20-1933434

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRONSON, LESLIE
308 CLEARWATER DRIVE
PONTE VEDRA BEACH , FL 32082 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 BRONSON, LESLIE A
Address 308 CLEARWATER DRIVE
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title S
Name BRONSON, LESLIE A
Address 308 CLEARWATER DRIVE
City-State-Zip: PONTE VEDRA BEACH FL 32082

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: LESLIE A BRONSON

PRESIDENT

02/27/2014

Electronic Signature of Signing Officer/Director Detail

Date