2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2015
Secretary of State
CC8698121247

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Entity Name: LEE STILLSON MANUAL THERAPY, P.A.

Current Principal Place of Business:

370 CENTER POINTE CIR.
SUITE 1120
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

P.O. BOX 941014
MAITLAND, FL 32794

FEI Number: 20-2050965

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STILLSON, LEE
370 CENTER POINTE CIR.
SUITE 1120
ALTAMONTE SPRINGS, FL 32701 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	PSTD
Name	STILLSON, LEE
Address	P.O. BOX 941014
City-State-Zip:	MAITLAND FL 32794-1014

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: LEE STILLSON PRESIDENT 01/09/2015

Electronic Signature of Signing Officer/Director Detail — Date