

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000160385

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

02/28/2014

Electronic Signature of Signing Officer/Director Detail

Date