

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000066215

**Entity Name:** MONA ISSA CHIROPRACTIC AND HOLISTIC CENTER P.A.

**Current Principal Place of Business:**

1000 LINCOLN ROAD #240  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1000 LINCOLN ROAD #240  
MIAMI BEACH, FL 33139 US

**FEI Number:** 20-2816554

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ISSA, MONA  
1000 LINCOLN ROAD #240  
MIAMI BEACH, FL 33139 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 DR.  
Name ISSA, MONA J  
Address 1000 LINCOLN ROAD #240  
City-State-Zip: MIAMI BEACH FL 33139

*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:** MONA ISSA

**OWNER/DR**

**02/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date