

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000075907

Entity Name: MATTHEWS CHIROPRACTIC, INC.

Current Principal Place of Business:

5100 S. DIXIE HWY, STE 9
WEST PALM BEACH, FL 33405

Current Mailing Address:

7491 NORTH FEDERAL HIGHWAY
C5 # 107
BOCA RATON, FL 33487

FEI Number: 86-1139293

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATTHEWS, BRIAN J
7491 NORTH FEDERAL HIGHWAY
C5 # 107
BOCA RATON, FL 33487 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 MATTHEWS, BRIAN
Address 7491 N FEDERAL HIGHWAY STE C5 #
107
City-State-Zip: BOCA RATON FL 33487

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 MATTHEWS

PRESIDENT

02/29/2016

Electronic Signature of Signing Officer/Director Detail

Date