

**2019 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**

**04/26/2019**

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

\_\_\_\_\_  
Date