

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000079261

Entity Name: KAMIPRACTICS, INC.

Current Principal Place of Business:

522 E. MARION AVE
SUITE 202
PUNTA GORDA, FL 33950

Current Mailing Address:

522 E MARION AVE
SUITE 202
PUNTA GORDA, FL 33950 US

FEI Number: 20-2935209

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AULD, KATHLEEN M
1600 WEST MARION AVENUE
APT. 212
PUNTA GORDA, FL 33950 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 D
Name AULD, KATHLEEN M
Address 1600 WEST MARION AVENUE #212
City-State-Zip: PUNTA GORDA FL 33950

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: KATHLEEN M. AULD

PRESIDENT

04/18/2017

Electronic Signature of Signing Officer/Director Detail

Date