

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000099062

Entity Name: NOLASCO CHIROPRACTIC, P.A.

Current Principal Place of Business:

5500 BRYSON DRIVE
SUITE 303
NAPLES, FL 34109

Current Mailing Address:

5500 BRYSON DRIVE
SUITE 303
NAPLES, FL 34109

FEI Number: 20-3170808

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOLASCO, NAKIN
5500 BRYSON DRIVE
STE 303
NAPLES, FL 34109 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 NOLASCO, NAKIN B
Address 5500 BRYSON DR - STE 303
City-State-Zip: NAPLES FL 34109

Title PST
Name NOLASCO, NAKIN B
Address 5500 BRYSON DR - STE 303
City-State-Zip: NAPLES FL 34109

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: NAKIN NOLASCO

OWNER

01/17/2014

Electronic Signature of Signing Officer/Director Detail

Date