

**2016 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**

**02/02/2016**

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

\_\_\_\_\_  
Date