

2018 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: Yes

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: NAKIN NOLASCO

03/22/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DPVST
Name NOLASCO, NAKIN B.
Address 5500 BRYSON DRIVE
SUITE 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

DPVST

03/22/2018

Electronic Signature of Signing Officer/Director Detail

Date