

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000163270

Entity Name: HARRIS CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

3592 ALOMA AVE
STE 3
WINTER PARK, FL 32792

Current Mailing Address:

1876 PIEDMONT PLACE
LAKE MARY, FL 32746 US

FEI Number: 20-3940144

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARRIS, MARK WILLIAM D.C.
1876 PIEDMONT PLACE
LAKE MARY, FL 32746 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: MARK W. HARRIS D.C.

02/22/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D	Title	T
Name	HARRIS, MARK WILLIAM D.C.	Name	HARRIS, ELIZABETH A
Address	1876 PIEDMONT PLACE	Address	1876 PIEDMONT PLACE
City-State-Zip:	LAKE MARY FL 32746	City-State-Zip:	LAKE MARY FL 32746

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: MARK W HARRIS D.C.

DIRECTOR

02/22/2016

Electronic Signature of Signing Officer/Director Detail

Date