

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000163270

Entity Name: HARRIS CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

6012 ALOMA WOODS BLVD, SUITE 1000
OVIEDO, FL 32765

Current Mailing Address:

6012 ALOMA WOODS BLVD, SUITE 1000
OVIEDO, FL 32765

FEI Number: 20-3940144

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARRIS, MARK WD.C.
5611 BEAR STONE RUN
OVIEDO, FL 32765 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	Title	T
Name	HARRIS, MARK WD.C.	Name	HARRIS, ELIZABETH A
Address	5611 BEAR STONE RUN	Address	5611 BEAR STONE RUN
City-State-Zip:	OVIEDO FL 32765	City-State-Zip:	OVIEDO FL 32765

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: ELIZABETH HARRIS

TREASURY

02/22/2014

Electronic Signature of Signing Officer/Director Detail

Date