

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000167488

Entity Name: MCKENNEY CHIROPRACTIC CENTER, P.A.

FILED
Jan 14, 2017
Secretary of State
CC6270162676

Current Principal Place of Business:

5608 S.E. 113TH STREET
SUITE A
BELLEVIEW, FL 34420

Current Mailing Address:

5608 S.E. 113TH STREET
SUITE A
BELLEVIEW, FL 34420 US

FEI Number: 20-4020716

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCKENNEY, CHRIS W
5608 SE 113TH ST., STE. A
SUITE A
BELLEVIEW, FL 34420 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 P/D
Name MCKENNEY, CHRIS W
Address 5608 S.E. 113TH STREET, SUITE A
City-State-Zip: BELLEVIEW FL 34420

Title S/T
Name MCKENNEY, DEBRA H
Address 5608 S.E. 113TH STREET, SUITE A
City-State-Zip: BELLEVIEW FL 34420

Title VP
Name STEWART, RYAN
Address 5608 S.E. 113TH STREET
SUITE A
City-State-Zip: BELLEVIEW FL 34420

Title VP
Name STEWART, BRITTNEY
Address 5608 S.E. 113TH STREET
SUITE A
City-State-Zip: BELLEVIEW FL 34420

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: DEBRA MCKENNEY

S/T

01/14/2017

Electronic Signature of Signing Officer/Director Detail

Date