

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000167488

**Entity Name:** MCKENNEY CHIROPRACTIC CENTER, P.A.

**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