

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000026225

**Entity Name:** BRACKEN FAMILY CHIROPRACTIC CENTER, P.A.

**Current Principal Place of Business:**

461 KINGSLEY AVE  
ORANGE PARK, FL 32073

**Current Mailing Address:**

461 KINGSLEY AVE  
ORANGE PARK, FL 32073 US

**FEI Number:** 20-4368398

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRACKEN, STACI LDC  
461 KINGSLEY AVE  
ORANGE PARK, FL 32073 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 PSTD  
Name BRACKEN, STACI LDC  
Address 461 KINGSLEY AVE  
City-State-Zip: ORANGE PARK FL 32073

*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:** STACI L. BRACKEN

**OWNER**

**03/03/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date