

2017 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 BRACKEN

OWNER

03/08/2017

Electronic Signature of Signing Officer/Director Detail

Date