

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000032960

Entity Name: GALLO FAMILY CHIROPRACTIC, P.A.

Current Principal Place of Business:

2929 N. UNIVERSITY DRIVE
SUITE 204
CORAL SPRINGS, FL 33065

Current Mailing Address:

2929 N. UNIVERSITY DRIVE
SUITE 204
CORAL SPRINGS, FL 33065

FEI Number: 20-4484997

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALLO, ANTHONY
2929 N. UNIVERSITY DRIVE
SUITE 204
CORAL SPRINGS, FL 33065 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 VTD
Name GALLO, ANTHONY
Address 2929 N. UNIVERSITY DRIVE #204
City-State-Zip: CORAL SPRINGS FL 33065

Title PSD
Name GALLO, GIULIE
Address 2929 N UNIVERSITY DR. #204
City-State-Zip: CORAL SPRINGS FL 33065

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: ANTHONY GALLO

VP

04/05/2013

Electronic Signature of Signing Officer/Director Detail

Date