

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000107914

Entity Name: FULTON CHIROPRACTIC, P.A.

Current Principal Place of Business:

8841 COLLEGE PKWY.
SUITE 102
FT. MYERS, FL 33919

Current Mailing Address:

8841 COLLEGE PKWY.
SUITE 102
FT. MYERS, FL 33919

FEI Number: 51-0595892

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FULTON, CHARLES L
8841 COLLEGE PKWY.
SUITE 102
FT. MYERS, FL 33919 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 D
Name FULTON, CHARLES L
Address 8841 COLLEGE PKWY. SUITE 102
City-State-Zip: FT. MYERS FL 33919

Title O
Name FULTON, WENDY L
Address 8841 COLLEGE PKWY. SUITE 102
City-State-Zip: FT.MYERS FL 33919

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: CHARLES L FULTON

DIRECTOR

03/02/2015

Electronic Signature of Signing Officer/Director Detail

Date