2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2015
Secretary of State
CC2691185184

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Entity Name: BROOKSVILLE CHIROPRACTIC INC.

Current Principal Place of Business:

813 SOUTH BROAD STREET
BROOKSVILLE, FL 34601

Current Mailing Address:

813 SOUTH BROAD STREET
BROOKSVILLE, FL 34601 US

FEI Number: 20-5857317

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBINSON, TROY
813 SOUTH BROAD STREET
BROOKSVILLE, FL 34601 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	Title	VP
Name	ROBINSON, TROY MDR.	Name	ROBINSON, TROY MDR.
Address	5568 BOWLINE BEND	Address	5568 BOWLINE BEND
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34562

Title	SEC
Name	ROBINSON, TROY MDR.
Address	5568 BOWLINE BEND
City-State-Zip:	NEW PORT RICHEY FL 34652

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: TROY ROBINSON PRESIDENT 02/23/2015

Electronic Signature of Signing Officer/Director Detail — Date