

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000037338

Entity Name: SUNSHINE CHIROPRACTIC & MEDICAL CENTER, INC.

Current Principal Place of Business:

5100 W. COMMERCIAL BLVD
SUITE 14
TAMARAC, FL 33319

Current Mailing Address:

5100 W. COMMERCIAL BLVD
SUITE 14
TAMARAC, FL 33319 US

FEI Number: 26-2385405

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BONOFF, ERIK
2803 NE 15 ST
POMPANO BEACH, FL 33062 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,S
Name BONOFF, ERIK
Address 2803 NE 15 ST
City-State-Zip: POMPANO BEACH FL 33062

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: DR. ERIK BONOFF

PS

04/05/2019

Electronic Signature of Signing Officer/Director Detail

Date