

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000096818

Entity Name: SHEMANSKY CHIROPRACTIC, P.A.

Current Principal Place of Business:

3501 HEALTH CENTER BLVD, SUITE 2430
BONITA SPRINGS, FL 34135

Current Mailing Address:

P.O. BOX 366235
BONITA SPRINGS, FL 34136

FEI Number: 59-3701954

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHEMANSKY, CHIP T
3501 HEALTH CENTER BLVD, SUITE 2430
BONITA SPRINGS, FL 34135 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 SHEMANSKY, CHIP T
Address 3501 HEALTH CENTER BLVD, SUITE 2430
City-State-Zip: BONITA SPRINGS FL 34135

Title MGR
Name ARMSTRONG, LEE ANN
Address 3501 HEALTH CENTER BLVD., SUITE 2430
City-State-Zip: BONITA SPRINGS FL 34135

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: LEEANN ARMSTRONG

MANAGER

03/25/2014

Electronic Signature of Signing Officer/Director Detail

Date