

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000066728

**Entity Name:** V V CHIROPRACTIC, INC.

**Current Principal Place of Business:**

2701 W. OAKLAND PARK BLVD,  
SUITE 300  
OAKLAND PARK , FL 33311

**Current Mailing Address:**

PO BOX 423  
DEERFIELD BEACH, FL 33443 US

**FEI Number:** 27-0695415

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MASTRARRIGO, MARK  
4811 SW 168TH AVENUE  
SOUTHWEST RANCHES, FL 33331 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 DR  
Name ZEISER, VALERIA V  
Address PO BOX 423  
City-State-Zip: DEERFIELD BEACH FL 33443

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.VALERIA C V ZEISER

**PRESIDENT**

**02/24/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date