
Electronic Signature of Signing Officer/Director Detail

SIGNATURE: Electronic Signature of Registered Agent

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.

Officer/Director Detail :

TitleDR.NameDURAN, ALEJANDROAddress9350 SW 147 ST.City-State-Zip:MIAMI FL 33176

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000081627

Entity Name: ALEJANDRO DURAN D.C., P.A.

Current Principal Place of Business:

9415 SUNSET DRIVE 161 MIAMI, FL 33173

Current Mailing Address:

9415 SUNSET DRIVE 161 MIAMI, FL 33173 US

FEI Number: 27-1062313

Name and Address of Current Registered Agent:

DURAN, ALEJANDRO 9415 SUNSET DRIVE 161 MIAMI, FL 33173 US

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: ALEJANDRO DURAN

CHIROPRACTIC PHYSICIAN/OWNER

01/15/2020

FILED Jan 15, 2020 Secretary of State 6041842939CC

Certificate of Status Desired: No

Date