

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000034605

Entity Name: GALLOWAY CHIROPRACTIC, PA

Current Principal Place of Business:

4341 LYNX PAW TRAIL
VALRICO, FL 33596

Current Mailing Address:

4341 LYNX PAW TRAIL
VALRICO, FL 33596 US

FEI Number: 27-2398190

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALLOWAY, RICHARD PIII
4111 IMPERIAL EAGLE DR.
VALRICO, FL 33594 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
Name GALLOWAY, RICHARD PIII
Address 4111 IMPERIAL EAGLE DR.
City-State-Zip: VALRICO FL 33594

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: RICHARD P. GALLOWAY III

OWNER

02/18/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date