

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000042787

Entity Name: SOUTHERN TRACE CHIROPRACTIC AND MASSAGE CENTER,
PA

FILED
Apr 14, 2016
Secretary of State
CC8179857908

Current Principal Place of Business:

11834 COUNTY HIGHWAY 101
SUITE 202
THE VILLAGES, FL 32162

Current Mailing Address:

P.O. BOX 507
BELLEVIEW, FL 34421

FEI Number: 27-2597528

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOUTHERN TRACE CHIROPRACTIC AND MASSAGE CENTER
11834 COUNTY ROAD 101
STE 202
THE VILLAGES, FL 32162 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: MICHELLE ZIELECKI

04/14/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name ZIELECKI, MICHELLE MDR.
Address 12310 SE 49TH TERRACE
City-State-Zip: BELLEVIEW FL 34420

Title VP
Name ZIELECKI, MICHELLE
Address P.O. BOX 507
City-State-Zip: BELLEVIEW FL 34421

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: MICHELLE ZIELECKI

PRESIDENT

04/14/2016

Electronic Signature of Signing Officer/Director Detail

Date