

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000075036

**Entity Name:** TINA BENNETT CHIROPRACTIC, INC.

**Current Principal Place of Business:**

5131 SOUTH RIDGEWOOD AVE.  
PORT ORANGE, FL 32127

**Current Mailing Address:**

5131 SOUTH RIDGEWOOD AVE.  
PORT ORANGE, FL 32127 US

**FEI Number:** 27-3494400

**Certificate of Status Desired:** Yes

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

SONYA LANEY CPA  
5131 S RIDGEWOOD AVENUE  
SUITE F  
PORT ORANGE, FL 32127 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 BENNETT, TINA M  
Address 781 BENNETT RD.  
City-State-Zip: SOUTH DAYTONA FL 32119

Title VP  
Name BENNETT, MICHAEL J  
Address 781 BENNETT RD.  
City-State-Zip: SOUTH DAYTONA FL 32119

*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 TINA M BENNETT

**PRESIDENT**

**04/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date