

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000091362

Entity Name: KOTILA CHIROPRACTIC INC

Current Principal Place of Business:

1451 OAKFIELD DR.
BRANDON, FL 33511

Current Mailing Address:

1451 OAKFIELD DR
BRANDON, FL 33511 US

FEI Number: 27-3885342

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOTILA, GARY
1451 OAKFIELD DR.
BRANDON, FL 33511 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 KOTILA, GARY
Address 1451 OAKFIELD DR.
City-State-Zip: BRANDON FL 33511

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: GARY KOTILA

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01/25/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date