

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000091362

**Entity Name:** KOTILA CHIROPRACTIC INC

**Current Principal Place of Business:**

1451 OAKFIELD DR.  
BRANDON, FL 33511

**FILED**  
**Apr 11, 2017**  
**Secretary of State**  
**CC7989106470**

**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            PRESIDENT  
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**

**PRESIDENT**

**04/11/2017**

Electronic Signature of Signing Officer/Director Detail

Date