

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000003517

Entity Name: SPINE & SPORT CHIROPRACTIC CLINIC P.A.

Current Principal Place of Business:

2816 WINDGUARD CIRCLE
STE. 101
WESLEY CHAPEL, FL 33544

Current Mailing Address:

PO BOX 7482
WESLEY CHAPEL, FL 33545 US

FEI Number: 27-4306685

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHMIED, BRYAN W
4426 ORTONA LN
WESLEY CHAPEL, FL 33543 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	CEO	Title	CFO
Name	SCHMIED, BRYAN W	Name	SCHMIED, ARICA J
Address	4426 ORTONA LN	Address	4426 ORTONA LN
City-State-Zip:	WESLEY CHAPEL FL 33543	City-State-Zip:	WESLEY CHAPEL FL 33543

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: BRYAN SCHMIED

CEO

01/24/2018

Electronic Signature of Signing Officer/Director Detail

Date