

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000011886

Entity Name: SHTULMAN FAMILY CHIROPRACTIC, P.A.

Current Principal Place of Business:

8855 HYPOLUXO ROAD
SUITE C-11
LAKE WORTH, FL 33467

Current Mailing Address:

8855 HYPOLUXO ROAD
SUITE C-11
LAKE WORTH, FL 33467 US

FEI Number: 27-4850840

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHTULMAN, IAN W
8855 HYPOLUXO ROAD
SUITE C-11
LAKE WORTH, FL 33467 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 SHTULMAN, IAN W
Address 8855 HYPOLUXO ROAD
SUITE C-11
City-State-Zip: LAKE WORTH FL 33467

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: IAN SHTULMAN

PRESIDENT

01/15/2016

Electronic Signature of Signing Officer/Director Detail

Date