

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000038016

Entity Name: FAMILY CHIROPRACTIC & WELLNESS CENTER, INC

Current Principal Place of Business:

9500 NW 41 ST
1000
DORAL, FL 33178

Current Mailing Address:

10773 NW 58 ST
321
DORAL, FL 33178 US

FEI Number: 27-1118015

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLON, FRANCES
9500 NW 41ST STREET
STE 1000
DORAL, FL 33178 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 COLON, FRANCES
Address 5785 NW 116 AVE., APT. 106
City-State-Zip: DORAL FL 33178

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: FRANCES COLON

PRESIDENT

02/10/2017

Electronic Signature of Signing Officer/Director Detail

Date