

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000049712

Entity Name: STRONGLIFE CHIROPRACTIC & NATURAL HEALTH, P.A.

Current Principal Place of Business:

5618 FISHHAWK CROSSING BLVD
LITHIA, FL 33544

Current Mailing Address:

5618 FISHHAWK CROSSING BLVD
LITHIA, FL 33544 US

FEI Number: 45-2546807

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FARRY, JASON S
401 N. HOWARD AVE.
TAMPA, FL 33606 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, D
Name SCOTT, JUSTIN R
Address 16409 KINGLETRIDGE AVE
City-State-Zip: LITHIA FL 33547

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: JUSTIN R SCOTT

PRESIDENT

03/29/2016

Electronic Signature of Signing Officer/Director Detail

Date