

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000108664

Entity Name: ADVANCED CHIROPRACTIC LEASING INC

Current Principal Place of Business:

4900 WEST ATLANTIC BLVD
SUITE #6
MARGATE, FL 33063

Current Mailing Address:

4900 WEST ATLANTIC BLVD
SUITE #6
MARGATE, FL 33063 US

FEI Number: 61-1577867

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ACCOUNTABLE FINANCIAL SERVICES GROUP INC
625 SE 10TH STREET STE 2
DEERFIELD BEACH, FL 33441 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 ADAMS, TANIA S
Address 2460 SE 7TH STREET
City-State-Zip: POMPANO BEACH FL 33062

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: TANIA ADAMS

PRESIDENT

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date