

**2016 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:**

CALDWELL AND COMPANY ACCOUNTING  
7501 NW 4TH ST  
112  
PLANATION, FL 33317 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:** KC CALDWELL

05/01/2016

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

P

05/01/2016

Electronic Signature of Signing Officer/Director Detail

Date