2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2019
Secretary of State
5943560339CC

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Entity Name: SOUTH ORLANDO CHIROPRACTIC & INJURY CENTER, INC.

Current Principal Place of Business:

5833 S. GOLDENROD RD.,
STE. F
ORLANDO, FL 32822

Current Mailing Address:

5833 S. GOLDENROD RD.,
STE. F
ORLANDO, FL 32822 US

FEI Number: 45-5245554

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VANN, CHRISTOPHER M
5833 S. GOLDENROD RD. STE. F
ORLANDO, FL 32822 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	PCEO	Title	VP
Name	VANN, CHRISTOPHER M	Name	VANN, RACHAEL M
Address	5833 S. GOLDENROD RD., STE. F	Address	5833 S. GOLDENROD RD., STE. F
City-State-Zip:	ORLANDO FL 32822	City-State-Zip:	ORLANDO FL 32822

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: CHRISTOPHER MATTHEW VANN PCEO 04/08/2019

Electronic Signature of Signing Officer/Director Detail — Date