## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000071527

Entity Name: ST. JOHNS FAMILY CHIROPRACTIC INC.

FILED
Apr 25, 2014
Secretary of State
CC4026545945

# **Current Principal Place of Business:**

309 KINGSLEY LAKE DRIVE SUITE 904 ST AUGUSTINE, FL 32092

# **Current Mailing Address:**

309 KINGSLEY LAKE DRIVE SUITE 904 ST AUGUSTINE, FL 32092 US

FEI Number: 61-1691478 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

TOLITSKY, MELINDA 309 KINGSLEY LAKE DRIVE SUITE 904 ST AUGUSTINE, FL 32092 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 DIR Title DIR

NameTOLITSKY, MELINDANameTOLITSKY, DAVIDAddress637 PELHAM ROADAddress637 PELHAM ROAD

City-State-Zip: ST AUGUSTINE FL 32092 City-State-Zip: ST AUGUSTINE FL 32092

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: DAVID TOLITSKY DIRECTOR 04/25/2014