

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000056370

Entity Name: DISTRICT CHIROPRACTIC & WELLNESS CENTER, INC.

Current Principal Place of Business:

851 S. STATE RD. 434,
STE 1200
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

851 S. STATE RD. 434,
STE 1200
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 46-3224987

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE ENTREPRENEUR LAW CENTER, P.L.
250 NORTH ORANGE AVENUE
SUITE 1200
ORLANDO, FL 32801 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 PRESIDENT AND CEO
Name KOTTWITZ, KRISTY
Address 851 S. STATE RD. 434,
 STE 1200
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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: KRISTY KOTTWITZ

PRESIDENT AND CEO

02/11/2014

Electronic Signature of Signing Officer/Director Detail

Date