

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000018669

**Entity Name:** WESTSIDE CHIROPRACTIC CENTER INC

**Current Principal Place of Business:**

10063 CLEARY BLVD.  
PLANTATION, FL 33324

**Current Mailing Address:**

10063 CLEARY BLVD.  
PLANTATION, FL 33324 US

**FEI Number:** 09-0536059

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OWEN, LISA I  
10063 CLEARY BLVD.,  
PLANTATION, FL 33324 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:** LISA I. OWEN

04/10/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	P
Name	OWEN, LISA I	Name	OWEN, LISA I
Address	10063 CLEARY BLVD.	Address	10063 CLEARY BLVD
City-State-Zip:	PLANTATION FL 33324	City-State-Zip:	PLANTATION FL 33324

*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:** LISA OWEN

04/10/2019

Electronic Signature of Signing Officer/Director Detail

Date