

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000062729

Entity Name: FLORIDA NATURAL HEALTH CENTER OF BONITA SPRINGS INC

FILED
Feb 14, 2015
Secretary of State
CC6743481091

Current Principal Place of Business:

27499 RIVERVIEW CENTER BLVD
BONITA SPRINGS, FL 34134

Current Mailing Address:

27499 RIVERVIEW CENTER BLVD
BONITA SPRINGS, FL 34134

FEI Number: 47-1427731

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GILLILAND, ROBERT G DC
27499 RIVERVIEW CENTER BLVD
BONITA SPRINGS, FL 34141 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 PVST
Name GILLILAND, ROBERT G DC
Address 27499 RIVERVIEW CENTER BLVD
City-State-Zip: BONITAL SPRINGS FL 34134

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: ROBERT G GILLILAND

PVST

02/14/2015

Electronic Signature of Signing Officer/Director Detail

Date