

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000062729

**Entity Name:** FLORIDA NATURAL HEALTH CENTER OF BONITA SPRINGS INC

**FILED**  
**Mar 12, 2019**  
**Secretary of State**  
**5670098794CC**

**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, DC

PVST

03/12/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date