

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000066648

Entity Name: QUINTESSENTIAL HEALTH AND CHIROPRACTIC, INC

Current Principal Place of Business:

1106 WHITE STREET
KEY WEST, FL 33040

Current Mailing Address:

1106 WHITE STREET
KEY WEST, FL 33040 US

FEI Number: 47-1587959

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHITE, NICOLE M DC
1205 VON PHISTER STREET
KEY WEST, FL 33040 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 DR
Name WHITE, NICOLE M
Address 1205 VON PHISTER STREET
City-State-Zip: KEY WEST FL 33040

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: NICOLE WHITE

DR

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date