

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000071809

Entity Name: NEW CITY CHIROPRACTIC INC.

Current Principal Place of Business:

6595 SOUTH FLORIDA AVE.
SUITE 3
LAKELAND, FL 33813

Current Mailing Address:

692 ARBOR GLEN CIRCLE
#201
LAKELAND, FL 33805 US

FEI Number: 47-1701352

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARKER, CHRISTOPHER R
692 ARBOR GLEN CIRCLE
#201
LAKELAND, FL 33805 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 P
Name BARKER, CHRISTOPHER R
Address 692 ARBOR GLEN CIRCLE #201
City-State-Zip: LAKELAND FL 33805

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: CHRISTOPHER BARKER

PRESIDENT

04/23/2016

Electronic Signature of Signing Officer/Director Detail

Date