

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000094434

Entity Name: KEY CHIROPRACTIC, P.A.

Current Principal Place of Business:

1383 SW GATLIN BLVD
PORT ST. LUCIE, FL 34953

Current Mailing Address:

1383 SW GATLIN BLVD
PORT ST. LUCIE, FL 34953 US

FEI Number: 47-2504810

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KEY, JARED MATTEW DR.
1383 SW GATLIN BLVD
PORT ST. LUCIE, FL 34953 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: JARED KEY

02/06/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KEY, JARED MATTHEW
Address 12131 OAKWATER COURT
City-State-Zip: PORT ST. LUCIE FL 34987

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: JARED MATTHEW KEY

OWNER

02/06/2017

Electronic Signature of Signing Officer/Director Detail

Date