

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000016402

Entity Name: CROSS CHIROPRACTIC CENTER INC.

Current Principal Place of Business:

1318 NORTH PINE HILLS ROAD
ORLANDO, FL 32808

Current Mailing Address:

1318 NORTH PINE HILLS ROAD
ORLANDO, FL 32808 US

FEI Number: 83-3633907

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MURRAY, LISA
1803 PARK CENTER DRIVE
ORLANDO, FL 32835 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 MURRAY, LISA
Address 1803 PARK CENTER DRIVE
City-State-Zip: ORLANDO FL 32835

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: LISA E MURRAY

PRESIDENT

01/21/2020

Electronic Signature of Signing Officer/Director Detail

Date