

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000001560

Entity Name: PATRICK CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

415 N.E. 25TH AVENUE
OCALA, FL 34470

Current Mailing Address:

415 N.E. 25TH AVENUE
OCALA, FL 34470

FEI Number: 59-3160533

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATRICK, DONNA E
415 N.E. 25TH AVENUE
OCALA, FL 34470 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 PRES
Name PATRICK, DONNA E
Address 415 N.E. 25TH AVENUE
City-State-Zip: Ocala FL 34470

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: DONNA E. PATRICK

PRESIDENT

04/22/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date