

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000017662

**Entity Name:** DEJESUS CHIROPRACTIC CENTER P.A.

**Current Principal Place of Business:**

6303 SW 40TH ST  
MIAMI, FL 33155

**Current Mailing Address:**

6303 SW 40TH ST  
MIAMI, FL 33155 US

**FEI Number:** 65-0477789

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RIVERO, LUIS J  
299 ALHAMBRA CIRCLE  
SUITE 401  
CORAL GABLES, FL 33134 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 D  
Name DEJESUS, JOSE  
Address 13252 SW 102 TERRACE  
City-State-Zip: MIAMI FL 33186

*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:** JOSE A. DE JESUS

D

02/13/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date