

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000039275

**Entity Name:** KAREN LORD, D.C., P.A.

**Current Principal Place of Business:**

1122 W C-48  
BUSHNELL, FL 33513

**Current Mailing Address:**

483 E C 48  
BUSHNELL, FL 33513

**FEI Number:** 59-3169014

**Certificate of Status Desired:** No

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

LORD, KAREN M  
483 E C-48  
BUSHNELL, FL 33513 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 DR  
Name LORD, KAREN M.  
Address 483 E C-48  
City-State-Zip: BUSHNELL FL 33513

Title D  
Name LORD, CECIL FMR.  
Address 483 E C-48  
City-State-Zip: BUSHNELL FL 33513

*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:** LORD , KAREN M.

**CHIROPRACTIC  
PHYSICIAN**

**04/18/2014**

Electronic Signature of Signing Officer/Director Detail

Date