

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000046133

**Entity Name:** DUNEDIN CHIROPRACTIC CLINIC, INC.

**Current Principal Place of Business:**

499 PATRICIA AVE  
DUNEDIN, FL 34698

**Current Mailing Address:**

499 PATRICIA AVE  
SUITE #B  
DUNEDIN, FL 34698

**FEI Number:** 59-3556054

**Certificate of Status Desired:** No

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

COLUCCI, LYNN M.  
218 MIDWAY ISLAND  
CLEARWATER, FL 33767 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            COLUCCI, LYNN  
Address        516 PATRICIA AVE.  
City-State-Zip: DUNEDIN FL 34698

*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:** LYNN COLUCCI

**OWNER**

**07/11/2016**

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

\_\_\_\_\_ Date