

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000033544

**Entity Name:** CORAL REEF CHIROPRACTIC CENTER, P.A.

**Current Principal Place of Business:**

9044 SW 152 ST  
MIAMI, FL 33157

**Current Mailing Address:**

9044 SW 152 ST  
MIAMI, FL 33157

**FEI Number:** 65-0581312

**Certificate of Status Desired:** No

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

PEPIN, MARK S  
9044 SW 152ND ST  
MIAMI, FL 33157 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            PEPIN, MARK  
Address        9044 SW 152 ST  
City-State-Zip: MIAMI FL 33157

Title            O  
Name            PEPIN, MELISSA  
Address        9044 SW 152 STREET  
City-State-Zip: MIAMI FL 33157

*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:** MARK S PEPIN

**DIRECTOR**

**03/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date