

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000054873

Entity Name: GOLDEN CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

97 TAMIAMI TRAIL NORTH
NAPLES, FL 34102

Current Mailing Address:

97 TAMIAMI TRAIL NORTH
NAPLES, FL 34102 US

FEI Number: 59-3417683

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, GARY K
5801 PELICAN BAY BLVD.
NAPLES, FL 34108 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 GOLDEN, HERB
Address 97 97 TAMIAMI TRAIL NORTH
City-State-Zip: NAPLES FL 34102

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: HERB GOLDEN

PRESIDENT

04/13/2016

Electronic Signature of Signing Officer/Director Detail

Date