

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000000458

**Entity Name:** FT. MYERS CHIROPRACTIC AND NUTRITION CENTER, INC.

**Current Principal Place of Business:**

1429 COLONIAL BLVD  
SUITE 101  
FT MYERS, FL 33907

**Current Mailing Address:**

1429 COLONIAL BLVD  
SUITE 101  
FT MYERS, FL 33907

**FEI Number:** 65-0716125

**Certificate of Status Desired:** No

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

PRICE, BRADLEY W  
8241 GLENFINNAN CIRCLE  
FORT MYERS, FL 33912 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 PRICE, BRADLEY W  
Address 8241 GLENFINNAN CIRCLE  
City-State-Zip: FORT MYERS FL 33912

*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:** BRADLEY PRICE

**PRESIDENT**

**01/25/2016**

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

\_\_\_\_\_  
Date