

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000092933

Entity Name: URMOS CHIROPRACTIC HEALTH CENTER, P.A.

Current Principal Place of Business:

2870 GULF BREEZE PKWY
GULF BREEZE, FL 32563

Current Mailing Address:

P.O.BOX 5757
NAVARRE, FL 32566

FEI Number: 59-3475831

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

URMOS, CYNTHIA DR.
2870 GULF BREEZE PWY
GULF BREEZE, FL 32563 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: DR. CYNTHIA URMOS

03/27/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PVT
Name URMOS, CYNTHIA EDR.
Address 2870 GULF BREEZE PWY
City-State-Zip: GULF BREEZE FL 32563

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: DR. CYNTHIA URMOS

PVST

03/27/2013

Electronic Signature of Signing Officer/Director Detail

Date