

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000036898

**Entity Name:** FRENCH CHIROPRACTIC CENTER, P.A.

**Current Principal Place of Business:**

5695 NAPLES BLVD.  
NAPLES, FL 34109

**Current Mailing Address:**

5695 NAPLES BLVD.  
NAPLES, FL 34109

**FEI Number:** 59-3507211

**Certificate of Status Desired:** No

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

FRENCH, KENNETH G  
5695 NAPLES BLVD  
NAPLES, FL 34109 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            PRES  
Name            FRENCH, KENNETH GDC  
Address        16017 DELAROSA LN  
City-State-Zip: NAPLES FL 34110

Title            VP  
Name            FRENCH, TAMMY JDC  
Address        16017 DELAROSA LN  
City-State-Zip: NAPLES FL 34110

*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:** TAMMY J. FRENCH

**VICE-PRESIDENT**

**03/27/2018**

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

\_\_\_\_\_  
Date