

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000027717

Entity Name: RICE CHIROPRACTIC CARE INCORPORATED

Current Principal Place of Business:

1435 E. VENICE AVE.
STE. 107
VENICE, FL 34292

Current Mailing Address:

1435 E. VENICE AVE.
STE. 107
VENICE, FL 34292

FEI Number: 65-0902192

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RICE, NANCY W
1307 FIR AVE
VENICE, FL 34285 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 P
Name RICE, WAYNE W
Address 1307 FIR AVE
City-State-Zip: VENICE FL 34285

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: WAYNE W. RICE

OWNER

04/07/2016

Electronic Signature of Signing Officer/Director Detail

Date