

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000029515

Entity Name: VENICE VILLAGE CHIROPRACTIC CLINIC, P.A.

Current Principal Place of Business:

4140 WOODMERE PARK BLVD
#2
VENICE, FL 34293

Current Mailing Address:

4140 WOODMERE PARK BLVD
#2
VENICE, FL 34293

FEI Number: 65-0905831

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOLEN, GARY E
4140 WOODMERE PARK BLVD.
#2
VENICE, FL 34293 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 BOLEN, GARY E
Address 4140 WOODMERE PARK BLVD. #2
City-State-Zip: VENICE FL 34293

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. GARY BOLEN

OWNER

04/08/2015

Electronic Signature of Signing Officer/Director Detail

Date