

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000036993

Entity Name: SCHNIPPER CHIROPRACTIC CENTER INC.

Current Principal Place of Business:

6334 FOREST HILL BLVD.
GREENACRES, FL 33415

Current Mailing Address:

6334 FOREST HILL BLVD.
GREENACRES, FL 33415

FEI Number: 65-0914885

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHNIPPER, BRIAN R
6334 FOREST HILL BLVD.
GREENACRES, FL 33415 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 DR.
Name SCHNIPPER, BRIAN R
Address 9178 DUPONT PL.
City-State-Zip: WELLINGTON FL 33414

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: BRIAN R SCHNIPPER

OWNER

04/15/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date