

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000074885

Entity Name: HUDSON CHIROPRACTIC AND REHABILITATION, INC.

Current Principal Place of Business:

13740 OLD DIXIE HWY
HUDSON, FL 34667

Current Mailing Address:

13740 OLD DIXIE HWY
HUDSON, FL 34667

FEI Number: 59-3603623

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PHILLIPS, E.V. JR.
11708 NORTH HWY 301
THONOTOSASSA, FL 33592 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 PHILLIPS, ERCE VIII,DR.
Address 13740 OLD DIXIE HWY
City-State-Zip: HUDSON FL 34667

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: ERCELIN VERDEL PHILLIPS III

PRESIDENT

01/11/2015

Electronic Signature of Signing Officer/Director Detail

Date