

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000078296

Entity Name: FRIEDMAN CHIROPRACTIC CENTER, PA

Current Principal Place of Business:

8510 WEST FLAGLER STREET
MIAMI, FL 33144

Current Mailing Address:

8510 WEST FLAGLER STREET
MIAMI, FL 33144

FEI Number: 65-0947981

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FREEDMAN, DAVID HESQ.
11900 BISCAYNE BLVD.
SUITE 616
NORTH MIAMI, FL 33181 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 FRIEDMAN, GARRY DR.
Address 8510 WEST FLAGLER STREET
City-State-Zip: MIAMI FL 33144

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: GARRY I FRIEDMAN

DIRECTOR

01/27/2014

Electronic Signature of Signing Officer/Director Detail

Date