

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S81010

Entity Name: T.L.C. CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

3625 N.W. 82ND AVE
320
DORAL, FL 33166

Current Mailing Address:

3625 N.W. 82ND AVE
320
DORAL, FL 33166 US

FEI Number: 65-0284044

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GIRALDEZ, SERGIO JPRES
3625 NW 82 AVE
320
MIAMI, FL 33196 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 GIRALDEZ, SERGIO JOWNER
Address 3625 NW 82 AVE SUITE 320
City-State-Zip: DORAL FL 33166

Title D
Name DEL CAMPILLO, MARIA OWNER
Address 3625 NW 82 AVE SUITE 320.
City-State-Zip: DORAL FL 33166

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: SERGIO GIRALDEZ

OWNER

03/29/2015

Electronic Signature of Signing Officer/Director Detail

Date