

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V03306

Entity Name: AUGUST CHIROPRACTIC, INC.

Current Principal Place of Business:

695 NE 126TH STREET
N MIAMI, FL 33161

Current Mailing Address:

695 NE 126TH STREET
N MIAMI, FL 33161 US

FEI Number: 65-0316801

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

AUGUST, CRAIG B
695 NE 126TH STREET
N MIAMI, FL 33161 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 AUGUST, CRAIG B.
Address 695 NE 126TH STREET
City-State-Zip: NORTH MIAMI FL 33161

Title DR.
Name AUGUST, CRAIG B
Address 7471 W OAKLAND PARK BLVD #109
City-State-Zip: LAUDERHILL FL 33319

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. CRAIG AUGUST

PRES

03/08/2016

Electronic Signature of Signing Officer/Director Detail

Date