

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V26285

Entity Name: FARKAS CHIROPRACTIC CLINIC, P.A.

Current Principal Place of Business:

3200 4TH STREET NORTH
ST PETERSBURG, FL 33704

Current Mailing Address:

3200 4TH STREET NORTH
ST PETERSBURG, FL 33704

FEI Number: 59-3131673

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FARKAS, FRANK S
3200 4TH STREET NORTH
ST PETERSBURG, FL 33704 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 PRESIDENT
Name FARKAS, FRANK S
Address 3200 4TH STREET NORTH
City-State-Zip: ST PETERSBURG FL 33704

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: FRANK S. FARKAS DC

DIRECTOR

04/21/2019

Electronic Signature of Signing Officer/Director Detail

Date