

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V66161

Entity Name: TOTALCARE CHIROPRACTIC VII, INC.

Current Principal Place of Business:

2608 NE 16TH AVE.
WILTON MANORS, FL 33334

Current Mailing Address:

2608 NE 16TH AVE.
WILTON MANORS, FL 33334 US

FEI Number: 65-0382230

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOMASKY, TROY
2608 NE 16TH AVE.
WILTON MANORS, FL 33334 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 PVPS
Name LOMASKY, TROY S
Address 3030 NE 43RD ST
City-State-Zip: FORT LAUDERDALE FL 33308

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: TROY S LOMASKY

PRESIDENT

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date