

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000002962

**Entity Name:** HARBOR CHIROPRACTIC DIAGNOSTIC, P.C., P.A.

**Current Principal Place of Business:**

75 S. BROADWAY 4TH FLOOR  
WHITE PLAINS, NY 10601

**Current Mailing Address:**

4035 RECREATION LN.  
NAPLES, FL 34116

**FEI Number: 46-1970489**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BARONE, ANTHONY J  
4035 RECREATION LN.  
NAPLES, FL 34116 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            C  
Name            BARONE, ANTHONY J  
Address         4035 RECREATION LN.  
City-State-Zip: NAPLES FL 34116

*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: ANTHONY J. BARONE, D.C.**

**PRESIDENT**

**04/27/2016**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date