

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H05400

Entity Name: DODD CHIROPRACTIC CLINIC, P.A.

Current Principal Place of Business:

2025 PARK ST
JACKSONVILLE, FL 32204

Current Mailing Address:

2025 PARK ST
JACKSONVILLE, FL 32204

FEI Number: 59-2412796

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DODD, DANIEL A.
2025 PARK ST
JACKSONVILLE, FL 32204 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: DANIEL DODD

05/19/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PT
Name DODD, DANIEL A.
Address 2025 PARK ST
City-State-Zip: JACKSONVILLE FL 32204

Title VPS
Name DODD, APRIL A.
Address 2025 PARK ST.
City-State-Zip: JACKSONVILLE FL 32204

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: APRIL DODD

VP?TREASURER

05/19/2020

Electronic Signature of Signing Officer/Director Detail

Date