## **2023 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 03/01/2023

Electronic Signature of Registered Agent

Date

Date

FILED Mar 01, 2023

**Secretary of State** 

8384872752CC

Officer/Director Detail:

Title PT Title VPS

NameDODD, DANIEL A.NameDODD, APRIL A.Address2025 PARK STAddress2025 PARK ST.

City-State-Zip: JACKSONVILLE FL 32204 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 03/01/2023

Electronic Signature of Signing Officer/Director Detail