

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M72171

Entity Name: A AVENTURA CHIROPRACTIC CARE CENTER, INC.

Current Principal Place of Business:

20475 BISCAYNE BLVD
SUITE G-6
AVENTURA, FL 33180

Current Mailing Address:

20475 BISCAYNE BLVD
SUITE G-6
AVENTURA, FL 33180 US

FEI Number: 65-0051149

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOLDSON, FIDEL S
734 N STATE RD 7
PLANTATION, FL 33180 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 P
Name GOLDSON, FIDEL
Address 734 N STATE RD 7
City-State-Zip: PLANTATION FL 33180

Title CFO
Name GOLDSON, BRITTANY
Address 734 N STATE RD 7
City-State-Zip: PLANTATION FL 33180

Title CEO
Name LEYS, TONI ANN
Address 1335 SOUTH STATE ROAD 7
City-State-Zip: NORTH LAUDERDALE FL 33068

Title D
Name GOLDSON, VIVIENNE
Address 734 N STATE RD 7
City-State-Zip: PLANTATION FL 33180

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: FIDEL GOLDSON

PRESIDENT

03/05/2024

Electronic Signature of Signing Officer/Director Detail

Date