

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117733

Entity Name: GIFFORD CHIROPRACTIC & NEURODIAGNOSTIC CENTER,
P.A.

FILED
Feb 03, 2024
Secretary of State
7620386242CC

Current Principal Place of Business:

1791 GORDON RIVER LANE
NAPLES, FL 34104

Current Mailing Address:

1791 GORDON RIVER LANE
NAPLES, FL 34104 US

FEI Number: 59-3698641

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GIFFORD, BRUCE A
1791 GORDON RIVER LN
NAPLES, FL 34104-5296 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 DR.
Name GIFFORD, BRUCE A
Address 1791 GORDON RIVER LN
City-State-Zip: NAPLES FL 34104

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: DR. BRUCE A. GIFFORD

PRES & CEO

02/03/2024

Electronic Signature of Signing Officer/Director Detail

Date