

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000100405

**Entity Name:** WILLMITCH CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

3530 VILLAGE WAY  
TAMPA, FL 33629-8950

**Current Mailing Address:**

1605 WESTGATE CIRCLE  
BRENTWOOD, TN 37027

**FEI Number:** 59-3749734

**Certificate of Status Desired:** No

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

WILLMITCH, MARTIN  
3530 VILLAGE WAY  
TAMPA, FL 33629-8950 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            PRESIDENT  
Name            WILLMITCH, MARTIN A DR.  
Address           3530 VILLAGE WAY  
City-State-Zip:   TAMPA FL 33629-8950

Title            MGR  
Name            ERVIN, JEFF  
Address           1605 WESTGATE CIRCLE  
City-State-Zip:   BRENTWOOD TN 37027

Title            AR  
Name            ERVIN, JEFF  
Address           1605 WESTGATE CIRCLE  
City-State-Zip:   BRENTWOOD TN 37027

*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:** MARTIN WILLMITCH

**PRESIDENT**

**07/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date