

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000065772

**Entity Name:** EDGE FAMILY CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

8124 PENSACOLA BLVD  
PENSACOLA, FL 32534

**Current Mailing Address:**

8124 PENSACOLA BLVD  
PENSACOLA, FL 32534

**FEI Number:** 76-0721946

**Certificate of Status Desired:** No

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

MOORHEAD, STEPHEN R  
4300 BAYOU BLVD SUITE 13  
PENSACOLA, FL 32503 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            EDGE, DAVID  
Address        8124 PENSACOLA BLVD  
City-State-Zip: PENSACOLA FL 32534

Title            VP  
Name            EDGE, INGRID  
Address        8124 PENSACOLA BLVD  
City-State-Zip: PENSACOLA FL 32534

*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:** INGRID EDGE

VP

03/13/2019

Electronic Signature of Signing Officer/Director Detail

Date