

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000011715

Entity Name: PARKSIDE CHIROPRACTIC, INC.**Current Principal Place of Business:**6206 45TH AVE DR E
BRADENTON, FL 34203**Current Mailing Address:**P.O. BOX 20613
BRADENTON, FL 34204-0613 US**FEI Number: 33-1041425****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BRUGGER, CANDACE
4319 20TH STREET WEST
#103
BRADENTON, FL 34205 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:** CANDACE BRUGGER

06/20/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES
Name	BRUGGER, CANDACE
Address	P O BOX 20613
City-State-Zip:	BRADENTON FL 34204-0613

Title	TREASURER
Name	BRUGGER, CANDE
Address	P.O. BOX 20613
City-State-Zip:	BRADENTON FL 34204-0613

Title	VP
Name	BRUGGER, RITA A
Address	7254 ELEANOR CIRCLE, #101 #103
City-State-Zip:	SARASOTA FL 34243

Title	SECRETARY
Name	SANCHEZ, ALISON N
Address	9906 52ND STREET E
City-State-Zip:	PARRISH FL 34219

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: CANDACE BRUGGER

PRES / TREAS / RA

06/20/2020

Electronic Signature of Signing Officer/Director Detail

Date