

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000085063

Entity Name: CLARK CHIROPRACTIC HEALTH CENTER, INC.

Current Principal Place of Business:

735 ARLINGTON AVE N, SUITE 203
ST. PETERSBURG, FL 33701

Current Mailing Address:

735 ARLINGTON AVE N, SUITE 203
ST. PETERSBURG, FL 33701 US

FEI Number: 87-0727469

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLARK, THOMAS G
735 ARLINGTON AVE N, SUITE 203
ST. PETERSBURG, FL 33701 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 PRES
Name CLARK, THOMAS G
Address 735 ARLINGTON AVE N, SUITE 203
City-State-Zip: ST. PETERSBURG FL 33701

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: THOMAS CLARK

PRES

06/29/2020

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date