2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2020
Secretary of State
6202796225CC

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Entity Name: ALTOMARE CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

10175 FORTUNE PARKWAY
SUITE 1001
JACKSONVILLE, FL 32256

Current Mailing Address:

10175 FORTUNE PARKWAY
SUITE 1001
JACKSONVILLE, FL 32256 US

FEI Number: 20-3535662

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALTOMARE, JOSEPH
7911 LITTLE FOX LANE
JACKSONVILLE, FL 32256 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	PST
Name	ALTOMARE, JOSEPH J
Address	7911 LITTLE FOX LANE
City-State-Zip:	JACKSONVILLE FL 32256

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. JOSEPH ALTOMARE OWNER 03/25/2020

Electronic Signature of Signing Officer/Director Detail — Date