

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000071679

**Entity Name:** ROE UPPER CERVICAL, INC.

**Current Principal Place of Business:**

218 W SMITH STREET  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

218 W SMITH STREET  
WINTER GARDEN, FL 34787 US

**FEI Number:** 27-0858051

**Certificate of Status Desired:** No

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

ROE, MATTHEW RD.C.  
218 W SMITH STREET  
WINTER GARDEN, FL 34787 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 P  
Name ROE, MATTHEW R DR.  
Address 218 W SMITH STREET  
City-State-Zip: WINTER GARDEN FL 34787

Title VP  
Name ROE, NADINE M  
Address 218 W SMITH STREET  
City-State-Zip: WINTER GARDEN FL 34787

Title TR  
Name ROE, MATTHEW R DR.  
Address 218 W SMITH STREET  
City-State-Zip: WINTER GARDEN FL 34787

Title SEC  
Name ROE, NADINE M  
Address 218 W SMITH STREET  
City-State-Zip: WINTER GARDEN FL 34787

*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:** MATTHEW ROE

**PRESIDENT**

**06/08/2021**

Electronic Signature of Signing Officer/Director Detail

Date