

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000097469

Entity Name: COFFMAN CHIROPRACTIC INC.**Current Principal Place of Business:**5700 COBBLESTONE LN
DAVIE, FL 33331**Current Mailing Address:**5700 COBBLESTONE LN
DAVIE, FL 33331 US**FEI Number:** 27-1522816**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COFFMAN, JOSEPH J
5700 COBBLESTONE LN.
DAVIE, FL 33331 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, S |
| Name | COFFMAN, JOSEPH J |
| Address | 5700 COBBLESTONE LN |
| City-State-Zip: | DAVIE FL 33331 |

| | |
|-----------------|---------------------|
| Title | D |
| Name | JOSEPH, COFFMAN J |
| Address | 5700 COBBLESTONE LN |
| City-State-Zip: | DAVIE FL 33331 |

| | |
|-----------------|-------------------------|
| Title | V, T |
| Name | BARTELL-COFFMAN, LISA M |
| Address | 5700 COBBLESTONE LN |
| City-State-Zip: | DAVIE FL 33331 |

| | |
|-----------------|-------------------------|
| Title | D |
| Name | BARTELL-COFFMAN, LISA M |
| Address | 5700 COBBLESTONE LN |
| City-State-Zip: | DAVIE FL 33331 |

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: JOSEPH COFFMAN

P

03/21/2022

Electronic Signature of Signing Officer/Director Detail_____
Date