

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000097469

**Entity Name:** COFFMAN CHIROPRACTIC INC.**Current Principal Place of Business:**7110 BIRD RD.  
MIAMI, FL 33155**Current Mailing Address:**7110 BIRD RD.  
MIAMI, FL 33155 US**FEI Number:** 27-1522816**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COFFMAN, JOSEPH J  
7110 BIRD RD.  
MIAMI, FL 33155 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	Title	D
Name	COFFMAN, JOSEPH J	Name	JOSEPH, COFFMAN J
Address	7110 BIRD RD.	Address	7110 BIRD RD.
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155
Title	V, T	Title	D
Name	BARTELL-COFFMAN, LISA M	Name	BARTELL-COFFMAN, LISA M
Address	7110 BIRD RD.	Address	7110 BIRD RD.
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155

*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

04/24/2023

Electronic Signature of Signing Officer/Director Detail

Date