

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000076491

Entity Name: GARDNER CHIROPRACTIC & SPORTS REHABILITATION
CENTER, INC

Current Principal Place of Business:

4741 NW 8TH AVENUE
SUITE B
GAINESVILLE, FL 32607

Current Mailing Address:

4741 NW 8TH AVENUE
SUITE B
GAINESVILLE, FL 32607 US

FEI Number: 27-3443698

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MTA OFOVIEDO FINANCIAL SERVICES, INC.
2572 ALOMA AVENUE
SUITE 1072
OVIEDO, FL 32765 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 D
Name GARDNER, PAUL
Address 4741 NW 8TH AVENUE
SUITE B
City-State-Zip: GAINESVILLE FL 32607

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: PAUL GARDNER

D

06/30/2020

Electronic Signature of Signing Officer/Director Detail

Date