

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000046142

**Entity Name:** REGATTA CHIROPRACTIC AND LASER CENTER INC.

**Current Principal Place of Business:**

5953 COMMERCE RD  
MILTON, FL 32583

**Current Mailing Address:**

5953 COMMERCE RD  
MILTON, FL 32583

**FEI Number:** 45-5377768

**Certificate of Status Desired:** No

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

HOGAN, CHRISTOPHER  
5953 COMMERCE RD  
MILTON, FL 32583 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 HOGAN, SHAWNA  
Address 5953 COMMERCE RD  
City-State-Zip: MILTON FL 32583

Title VP  
Name HOGAN, CHRIS  
Address 5953 COMMERCE RD  
City-State-Zip: MILTON FL 32583

*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:** CHRISTOPHER HOGAN

V.P.

04/28/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date