

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000067856

**Entity Name:** CHIRO CHOICE SOUTH P.A.

**Current Principal Place of Business:**

1601-1 N MAIN ST #3159  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

1601-1 N MAIN ST #3159  
JACKSONVILLE, FL 32206 US

**FEI Number: 87-2081474**

**Certificate of Status Desired: Yes**

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

LEGALCORP SOLUTIONS, LLC  
3440 W HOLLYWOOD BLVD. SUITE 415  
HOLLYWOOD, FL 33021 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 CAMMARANO, DANIEL  
Address 1601-1 N MAIN ST #3159  
City-State-Zip: JACKSONVILLE FL 32206

Title SEC  
Name CAMMARANO, COREEN  
Address 1601-1 N MAIN ST #3159  
City-State-Zip: JACKSONVILLE FL 32206

Title DIR  
Name CAMMARANO, DANIEL  
Address 1601-1 N MAIN ST #3159  
City-State-Zip: JACKSONVILLE FL 32206

*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: DANIEL CAMMARANO**

**OWNER**

**02/02/2023**

Electronic Signature of Signing Officer/Director Detail

Date