

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000003008

**Entity Name:** WITHERELL CHIROPRACTIC HEALTH CENTER, INC.

**Current Principal Place of Business:**

97 NE 15TH ST  
HOMESTEAD, FL 33030

**Current Mailing Address:**

97 NE 15TH ST  
HOMESTEAD, FL 33030 US

**FEI Number:** 65-0463357

**Certificate of Status Desired:** No

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

WITHERELL, CHARLES T  
97 NE 15TH ST  
HOMESTEAD, FL 33030 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 PD  
Name WITHERELL, CHARLES T  
Address 97 NE 15TH ST  
City-State-Zip: HOMESTEAD FL 33030

*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:** CHARLES WITHERELL

**PRESIDENT**

**01/10/2024**

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

\_\_\_\_\_  
Date