

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000007017

**Entity Name:** MAMMANA CHIROPRACTIC CLINIC, INC.

**Current Principal Place of Business:**

3256 NE JACKSONVILLE RD., SUITE C  
OCALA, FL 34479

**Current Mailing Address:**

3256 NE JACKSONVILLE RD., SUITE C  
OCALA, FL 34479

**FEI Number:** 59-3563435

**Certificate of Status Desired:** No

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

MAMMANA, THOMAS F  
3256 NE JACKSONVILLE RD., SUITE C  
OCALA, FL 34479 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:** THOMAS MAMMANA

06/26/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MAMMANA, THOMAS  
Address 3256 NE JACKSONVILLE RD  
City-State-Zip: Ocala FL 34479

*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:** THOMAS MAMMANA

P

06/26/2020

Electronic Signature of Signing Officer/Director Detail

Date