

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000017553

**Entity Name:** ON POINT CHIROPRACTIC LLC

**Current Principal Place of Business:**

1 FLORIDA PARK DR N  
SUITE 106  
PALM COAST, FL 32137

**Current Mailing Address:**

1 FLORIDA PARK DR N.  
SUITE 106  
PALM COAST, FL 32137 US

**FEI Number:** 82-4159776

**Certificate of Status Desired:** No

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

COGO, JESSICA  
1025 SEMINOLE BEAR TRAIL  
PIERSON, FL 32180, FL 32180 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:** JESSICA COGO

03/09/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name COGO, JESSICA  
Address 22A PLATEAU LN  
City-State-Zip: PALM COAST FL 32164

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JESSICA A. COGO

PRES

03/09/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date