

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000003225

Entity Name: PAPE CHIROPRACTICE, INC.

Current Principal Place of Business:

1393 WOLFE ST
JACKSONVILLE, FL 32205

Current Mailing Address:

1393 WOLFE ST
JACKSONVILLE, FL 32205

FEI Number: 27-4455853

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAPE, ROBERT
1393 WOLFE ST
JACKSONVILLE, FL 32205 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 DP
Name PAPE, ROBERT
Address 1393 WOLFE ST
City-State-Zip: JACKSONVILLE FL 32205

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: ROBERT D. PAPE

DP

04/17/2022

Electronic Signature of Signing Officer/Director Detail

Date