

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602462

Entity Name: CARTER CHIROPRACTIC PHYSICIANS, P.A.

Current Principal Place of Business:

4211 PEARL ST.
JACKSONVILLE, FL 32206

Current Mailing Address:

4211 PEARL STREET
JACKSONVILLE, FL 32206 US

FEI Number: 59-1307542

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LIPPES MATHIAS LLP
10151 DEERWOOD PARK BOULEVARD
BUILDING 300, SUITE 300
JACKSONVILLE, FL 32256 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: DANIEL D. AKEL

01/22/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name CARTER, GRADY L.
Address 4211 PEARL ST.
City-State-Zip: JACKSONVILLE FL 32206

Title VTS
Name CARTRETT, DIANE L
Address 4211 PEARL ST.
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: DIANE L CARTRETT

VTS

01/22/2024

Electronic Signature of Signing Officer/Director Detail

Date