

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H27772

Entity Name: THOMAS CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

1339 SE OCEAN BLVD
STUART, FL 34996

Current Mailing Address:

1339 SE OCEAN BLVD
STUART, FL 34996 US

FEI Number: 59-2463546

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KLEINMAN, THOMAS
1908 SW MOORING DR
PALM CITY, FL 34990 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	PVS	Title	TD
Name	KLEINMAN, THOMAS	Name	KLEINMAN, THOMAS
Address	1908 SW MOORING DR	Address	1908 SW MOORING DR
City-State-Zip:	PALM CITY FL 34990	City-State-Zip:	PALM CITY FL 34990

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 D KLEINMAN

PRESIDENT

01/27/2023

Electronic Signature of Signing Officer/Director Detail

Date