

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K53876

**Entity Name:** STEVEN J. AUGUSTINE, M.S., D.C., P.A.

**Current Principal Place of Business:**

C/O AUGUSTINE CHIROPRACTIC OFFICES  
4547 GUNN HWY  
TAMPA, FL 33624

**Current Mailing Address:**

C/O STEVEN J. AUGUSTINE, M.S., D.C.  
2800 BAHIA VISTA ST., SUITE 100  
SARASOTA, FL 34239 US

**FEI Number:** 59-2920246

**Certificate of Status Desired:** No

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

BEARD, ROBERT G JR.  
3432 HAWKS HILL TRL  
TALLAHASSEE, FL 32312 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:** ROBERT G BEARD JR

03/01/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DPST	Title	D
Name	AUGUSTINE, STEVEN J DR.	Name	BEARD, ROBERT G JR.
Address	4547 GUNN HIGHWAY	Address	3432 HAWKS HILL TRL
City-State-Zip:	TAMPA FL 33624	City-State-Zip:	TALLAHASSEE FL 32312

*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 G BEARD JR

**DIRECTOR**

03/01/2022

Electronic Signature of Signing Officer/Director Detail

Date