

**2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# L88096

**FILED**  
**Jan 09, 2024**  
**Secretary of State**  
**8963839239CC**

**Entity Name:** FAMILY LIFE CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

205 GARDEN AVENUE, NORTH  
1ST FLOOR  
CLEARWATER, FL 33755

**Current Mailing Address:**

205 GARDEN AVENUE, NORTH  
1ST FLOOR  
CLEARWATER, FL 33755

**FEI Number:** 59-3017580

**Certificate of Status Desired:** No

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

JARRETT, JERE  
205 N GARDEN AVE  
CLEARWATER, FL 33755 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	P	Title	VP
Name	JARRETT, JERE	Name	ALEXANDRE, MARIE-DOMINIQUE
Address	205 N GARDEN AVE 1ST FLOOR	Address	205 GARDEN AVENUE, NORTH 1ST FLOOR
City-State-Zip:	CLEARWATER FL 33755	City-State-Zip:	CLEARWATER FL 33755

*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:** JERE JARRETT

P

01/09/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date