

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L88096

**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  
Name JARRETT, JERE  
Address 205 N GARDEN AVE  
1ST FLOOR  
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:** ELIANE COSTA

**OFFICE MANAGER**

**01/03/2020**

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

\_\_\_\_\_  
Date