

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000080486

**Entity Name:** DEMETREE CHIROPRACTIC GROUP, INC.

**Current Principal Place of Business:**

1750 W BROADWAY STREET  
SUITE 108  
OVIEDO, FL 32765

**Current Mailing Address:**

1750 W BROADWAY STREET  
SUITE 108  
OVIEDO, FL 32765

**FEI Number:** 59-3662722

**Certificate of Status Desired:** No

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

DEMETREE, DAVID AJR  
1750 W BROADWAY STREET  
SUITE 108  
OVIEDO, FL 32765 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 PST  
Name DEMETREE, DAVID AJR  
Address 1750 W BROADWAY ST, STE 108  
City-State-Zip: OVIEDO FL 32765

*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:** DAVID ARTHUR DEMETREE JR.

**PRESIDENT**

**02/10/2025**

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

\_\_\_\_\_  
Date