

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000106339

Entity Name: PALM HARBOR CHIROPRACTIC, INC.

Current Principal Place of Business:

550 US ALT 19 N.
PALM HARBOR, FL 34683

Current Mailing Address:

550 US ALT 19 N
PALM HARBOR, FL 34683

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLENNIER, WALTER W
248 ALT 19
SUITE C
PALM HARBOR, FL 34683 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 PSTD
Name GALLAGHER, KEVIN
Address 550 ALT 19 N.
City-State-Zip: PALM HARBOR FL 34683

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: KEVIN GALLAGHER

PRESIDENT

03/13/2023

Electronic Signature of Signing Officer/Director Detail

Date