

**2021 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 M GALLAGHER

**PRESIDENT**

**05/01/2021**

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

\_\_\_\_\_  
Date