

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000040120

**Entity Name:** ETHEREDGE CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

3261 US HWY 441  
STE A1  
FRUITLAND PARK, FL 34731

**Current Mailing Address:**

3261 US HWY 441  
STE A1  
FRUITLAND PARK, FL 34731

**FEI Number:** 59-3725450

**Certificate of Status Desired:** No

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

ETHEREDGE, MICHELE P  
3261 US HWY 441  
STE A1  
FRUITLAND PARK, FL 34731 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:** MICHELE P. ETHEREDGE

04/28/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name ETHEREDGE, RICHARD K  
Address 3261 US HWY 441  
STE A1  
City-State-Zip: FRUITLAND PARK FL 34731

*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:** RICHARD K ETHEREDGE

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date