

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000020530

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

**Current Principal Place of Business:**

17160 ROYAL PALM BLVD  
STE 1  
WESTON, FL 33326

**Current Mailing Address:**

17160 ROYAL PALM BLVD  
STE 1  
WESTON, FL 33326 US

**FEI Number:** 48-1303172

**Certificate of Status Desired:** No

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

BEHAR, RICK JASON  
1850 HIDDEN TRAIL LANE  
WESTON, FL 33327 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	Title	VP
Name	BEHAR, RICK JASON	Name	BROWNER, MARC J
Address	1850 HIDDEN TRAIL LANE	Address	3363 PACIFIC DRIVE
City-State-Zip:	FORT LAUDERDALE FL 33327	City-State-Zip:	NAPLES FL 34119

*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:** RICK JASON BEHAR

P

02/07/2023

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

\_\_\_\_\_  
Date