

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000078707

**Entity Name:** WEST SIDE CHIROPRACTOR, INC.

**Current Principal Place of Business:**

2550 WEST COLONIAL DRIVE  
SUITE 408  
ORLANDO, FL 32804

**Current Mailing Address:**

2550 WEST COLONIAL DRIVE  
SUITE 408  
ORLANDO, FL 32804 US

**FEI Number:** 32-0086348

**Certificate of Status Desired:** No

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

VITAL, WILL L  
2550 WEST COLONIAL DRIVE  
ORLANDO, FL 32804 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:** WILL VITAL

04/10/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           VITAL, WILL L  
Address        2550 WEST COLONIAL DRIVE  
City-State-Zip: ORLANDO FL 32804

*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:** WILL VITAL

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04/10/2024

Electronic Signature of Signing Officer/Director Detail

Date