

2020 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000054878

Entity Name: WAKEMAN CHIROPRACTIC P.A.

Current Principal Place of Business:

305 MEMORIAL MEDICAL PARKWAY,
SUITE #305
DAYTONA BEACH, FL 32117

Current Mailing Address:

305 MEMORIAL MEDICAL PARKWAY,
SUITE #305
DAYTONA BEACH, FL 32117 US

FEI Number: 20-0909661

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WAKEMAN, PETER J
305 MEMORIAL MEDICAL PARKWAY,
SUITE #305
DAYTONA BEACH, FL 32117 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: PETER J WAKEMAN

10/09/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name WAKEMAN, PETER
Address 305 MEMORIAL MEDICAL PARKWAY
SUITE 305
City-State-Zip: DAYTONA BEACH FL 32117

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: PETER J WAKEMAN

OWNER

10/09/2020

Electronic Signature of Signing Officer/Director Detail

Date