

2024 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000139521

Entity Name: DEERWOOD LAKE CHIROPRACTIC, INC.

Current Principal Place of Business:

4540 SOUTHSIDE BLVD
1101
JACKSONVILLE, FL 32216

Current Mailing Address:

4540 SOUTHSIDE BLVD
1101
JACKSONVILLE, FL 32216 US

FEI Number: 20-3606341

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORT, PETER ANTHONY D.C.
4050 CHICORA WOOD PLACE
JACKSONVILLE, FL 32224 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 ANTHONY FORT, D.C.

11/27/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D.C.
Name FORT, PETER ANTHONY D.C.
Address 4540 SOUTHSIDE BLVD
SUITE 1101
City-State-Zip: JACKSONVILLE FL 32216

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 FORT

DR

11/27/2024

Electronic Signature of Signing Officer/Director Detail

Date