

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000032960

Entity Name: GALLO FAMILY CHIROPRACTIC, P.A.

Current Principal Place of Business:

4974 W ATLANTIC BLVD
MARGATE, FL 33063-5300

Current Mailing Address:

4974 W ATLANTIC BLVD
MARGATE, FL 33063-5300 US

FEI Number: 20-4484997

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALLO, ANTHONY
4974 W ATLANTIC BLVD
MARGATE, FL 33063-5300 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 PRESIDENT, SECRETARY,
 TREASURER
Name GALLO, ANTHONY
Address 4974 W ATLANTIC BLVD
City-State-Zip: MARGATE FL 33063-5300

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: ANTHONY GALLO

PRESIDENT

02/17/2025

Electronic Signature of Signing Officer/Director Detail

Date