

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000141831

Entity Name: BROOKSVILLE CHIROPRACTIC INC.**Current Principal Place of Business:**803 SOUTH BROAD STREET
BROOKSVILLE, FL 34601**Current Mailing Address:**803 SOUTH BROAD STREET
BROOKSVILLE, FL 34601 US**FEI Number:** 20-5857317**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBINSON, TROY
803 SOUTH BROAD STREET
BROOKSVILLE, FL 34601 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
Name	ROBINSON, TROY MDR.
Address	10439 CREATION COURT
City-State-Zip:	NEW PORT RICHEY FL 34654

Title	VP
Name	ROBINSON, TROY MDR.
Address	10439 CREATION COURT
City-State-Zip:	NEW PORT RICHEY FL 34564

Title	SEC
Name	ROBINSON, TROY MDR.
Address	10439 CREATION COURT
City-State-Zip:	NEW PORT RICHEY FL 34654

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: TROY M ROBINSON

PRESIDENT

03/20/2023

Electronic Signature of Signing Officer/Director Detail_____
Date