

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000092370

**Entity Name:** TEAM LOPEZ CHIROPRACTIC, INC.

**Current Principal Place of Business:**

15497 STONEYBROOK WEST PARKWAY  
SUITE 180  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

15497 STONEYBROOK WEST PARKWAY  
SUITE 180  
WINTER GARDEN, FL 34787 UN

**FEI Number:** 68-0498034

**Certificate of Status Desired:** No

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

LOPEZ, NASLY M  
2039 SOLAR DRIVE  
WINTER GARDEN, FL 34787 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 LOPEZ, NASLY M  
Address 2039 SOLAR DRIVE  
City-State-Zip: WINTER GARDEN FL 34787

Title V  
Name LOPEZ, FRANCISCO  
Address 2039 SOLAR DRIVE  
City-State-Zip: WINTER GARDEN FL 34787

*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:** NASLY LOPEZ

**PRESIDENT**

**03/27/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date