

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000043337

**Entity Name:** GARCIA CHIROPRACTIC CLINIC, INC.

**Current Principal Place of Business:**

328 CRANDON BLVD  
119.111  
KEY BISCAYNE , FL 33301

**Current Mailing Address:**

328 CRANDON BLVD  
119.111  
KEY BISCAYNE , FL 33301 US

**FEI Number:** 83-0511611

**Certificate of Status Desired:** No

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

GARCIA, JUAN C  
328 CRANDON BLVD  
119.111  
KEY BISCAYNE , FL 33301 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 DR.  
Name GARCIA, JUAN C  
Address 328 CRANDON BLVD  
119.111  
City-State-Zip: KEY BISCAYNE FL 33301

*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:** JUAN GARCIA

**PRESIDENT**

**05/26/2020**

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

\_\_\_\_\_  
Date