

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000096818

Entity Name: SHEMANSKY CHIROPRACTIC, P.A.

Current Principal Place of Business:

24830 BURNT PINE DRIVE
SUTIE #3
BONITA SPRINGS, FL 34134

Current Mailing Address:

24830 BURNT PINE DRIVE
SUTIE #3
BONITA SPRINGS, FL 34134 US

FEI Number: 59-3701954

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHEMANSKY, CHIP T
24830 BURNT PINE DRIVE
SUITE 3
BONITA SPRINGS, FL 34134 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 D
Name SHEMANSKY, CHIP T DR.
Address 24830 BURNT PINE DRIVE
SUTIE #3
City-State-Zip: BONITA SPRINGS FL 34134

Title BOARD MEMBER
Name SHEMANSKY, PRESTON TRAN
Address 24830 BURNT PINE DRIVE
SUTIE #3
City-State-Zip: BONITA SPRINGS FL 34134

Title VP
Name SHEMANSKY, AMBER
Address 24830 BURNT PINE DRIVE
SUTIE #3
City-State-Zip: BONITA SPRINGS FL 34134

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: AMBER SHEMANSKY

VP

03/01/2025

Electronic Signature of Signing Officer/Director Detail

Date