

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000004867

**Entity Name:** COMFORT CHIROPRACTIC P.A.

**Current Principal Place of Business:**

709F SEBASTIAN BLVD  
SEBASTIAN, FL 32958

**FILED**  
**Jan 25, 2022**  
**Secretary of State**  
**7261182986CC**

**Current Mailing Address:**

709F SEBASTIAN BLVD  
SEBASTIAN, FL 32958 US

**FEI Number: 27-1718352**

**Certificate of Status Desired: No**

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

POTTHOFF, SANDRA JDC  
709F SEBASTIAN BLVD  
SEBASTIAN, FL 32958 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                      | Title           | S                      |
| Name            | POTTHOFF, SANDRA JD.C. | Name            | POTTHOFF, SANDRA JD.C. |
| Address         | 709F SEBASTIAN BLVD    | Address         | 709F SEBASTIAN BLVD    |
| City-State-Zip: | SEBASTIAN FL 32958     | City-State-Zip: | SEBASTIAN FL 32958     |

*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: SANDRA POTTHOFF, D.C.**

**PRESODEMT**

**01/25/2022**

Electronic Signature of Signing Officer/Director Detail

Date