

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000006050

Entity Name: PREFERRED FAMILY CHIROPRACTIC, INC.

Current Principal Place of Business:

628 CAGAN VIEW ROAD
SUITE 3
CLERMONT, FL 34714

Current Mailing Address:

P. O. BOX 138391
CLERMONT, FL 34713

FEI Number: 27-1786855

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADRIAN, WILLIAMS
628 CAGAN VIEW ROAD
SUITE 3
CLERMONT, FL 34714 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: ADRIAN WILLIAMS

02/10/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name WILLIAMS, ADRIAN M
Address 10323 SMOKERISE LANE
City-State-Zip: CLERMONT FL 34711

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: ADRIAN WILLIAMS

P

02/10/2025

Electronic Signature of Signing Officer/Director Detail

Date