

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000088702

**Entity Name:** RIVERO CHIROPRACTIC CENTER, P.A.

**Current Principal Place of Business:**

1918 SW 57 AVE  
MIAMI, FL 33155

**Current Mailing Address:**

1918 SW 57 AVE  
MIAMI, FL 33155 US

**FEI Number:** 27-3836386

**Certificate of Status Desired:** No

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

RIVERO, ALBERTO  
8810 FONTAINE BLEAU BLVD.  
NO. 113  
MIAMI, FL 33172 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, D  
Name RIVERO, ALBERTO  
Address 8810 FONTAINE BLEAU BLVD. #113  
City-State-Zip: MIAMI FL 33172

*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:** ALBERTO RIVERO

**PRESIDENT**

**03/13/2023**

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

\_\_\_\_\_  
Date