

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000056370

**Entity Name:** DISTRICT CHIROPRACTIC & WELLNESS CENTER, INC.

**Current Principal Place of Business:**

851 S. STATE RD. 434,  
STE 1200  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

851 S. STATE RD. 434,  
STE 1200  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 46-3224987

**Certificate of Status Desired:** No

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

THE ENTREPRENEUR LAW CENTER, P.L.  
250 NORTH ORANGE AVENUE  
SUITE 1200  
ORLANDO, FL 32801 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            PRESIDENT AND CEO  
Name            WOOD, KRISTY  
Address        851 S. STATE RD. 434,  
                  STE 1200  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** KRISTY WOOD

**OWNER**

**06/08/2020**

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

\_\_\_\_\_  
Date