

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000018669

Entity Name: WESTSIDE CHIROPRACTIC CENTER INC

Current Principal Place of Business:

25 SE 2ND AVENUE, SUITE 810
MIAMI, FL 33131

Current Mailing Address:

25 SE 2ND AVENUE, SUITE 810
MIAMI, FL 33131 US

FEI Number: 09-0536059

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OWEN, LISA I
10175 NW 31ST COURT
SUNRISE, FL 33351 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: LISA I. OWEN

04/09/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	P
Name	OWEN, LISA I	Name	OWEN, LISA I
Address	10175 NW 31ST COURT	Address	10175 NW 31ST COURT
City-State-Zip:	SUNRISE FL 33351	City-State-Zip:	SUNRISE FL 33351

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: LISA OWEN

PRESIDENT

04/09/2021

Electronic Signature of Signing Officer/Director Detail

Date