

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000071809

**Entity Name:** NEW CITY CHIROPRACTIC INC.

**Current Principal Place of Business:**

6595 SOUTH FLORIDA AVE.  
SUITE 3  
LAKELAND, FL 33813

**Current Mailing Address:**

5159 HIGHLANDS BY THE LAKE DRIVE  
LAKELAND, FL 33812 US

**FEI Number:** 47-1701352

**Certificate of Status Desired:** No

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

BARKER, CHRISTOPHER R  
5159 HIGHLANDS BY THE LAKE DRIVE  
LAKELAND, FL 33812 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  
Name BARKER, CHRISTOPHER R  
Address 5159 HIGHLANDS BY THE LAKE  
DRIVE  
City-State-Zip: LAKELAND FL 33812

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:** DR. CHRISTOPHER BARKER

**OWNER**

**01/29/2021**

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

\_\_\_\_\_  
Date