

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000094434

**Entity Name:** KEY CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

1383 SW GATLIN BLVD  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

1383 SW GATLIN BLVD  
PORT ST. LUCIE, FL 34953 US

**FEI Number:** 47-2504810

**Certificate of Status Desired:** No

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

KEY, JARED MATTEW DR.  
1383 SW GATLIN BLVD  
PORT ST. LUCIE, FL 34953 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:** JARED KEY

01/27/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KEY, JARED MATTHEW  
Address        12131 OAKWATER COURT  
City-State-Zip: PORT ST. LUCIE FL 34987

*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:** JARED MATTHEW KEY

OWNER

01/27/2021

Electronic Signature of Signing Officer/Director Detail

Date