

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000068961

**Entity Name:** NEWSRING CHIROPRACTIC INC.

**Current Principal Place of Business:**

2 PINE LAKES PKWY N.  
SUITE 3  
PALM COAST, FL 32137

**FILED**  
**Apr 26, 2024**  
**Secretary of State**  
**7610765635CC**

**Current Mailing Address:**

2 PINE LAKES PKWY N.  
SUITE 3  
PALM COAST, FL 32137 US

**FEI Number: 81-4320089**

**Certificate of Status Desired: No**

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

GIMBERT, ALLISON D  
2 PINE LAKES PKWY N.  
SUITE 3  
PALM COAST, FL 32137 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 GIMBERT, SEAN I DR.  
Address 33 WHEELING LN.  
City-State-Zip: PALM COAST FL 32164

Title VP  
Name GIMBERT, ALLISON D DR.  
Address 33 WHEELING LN.  
City-State-Zip: PALM COAST FL 32164

*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: SEAN GIMBERT**

**PRESIDENT**

**04/26/2024**

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

\_\_\_\_\_  
Date