

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000024926

**Entity Name:** CHIROPRACTIC RELIEF CENTER, P.A.

**Current Principal Place of Business:**

1147 S. PENNSYLVANIA AVE, UNIT #8  
WINTER PARK, FL 32789

**Current Mailing Address:**

1147 S. PENNSYLVANIA AVE, UNIT #8  
WINTER PARK, FL 32789 US

**FEI Number: 82-0834193**

**Certificate of Status Desired: No**

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

FANNEY, DARYN  
1147 S. PENNSYLVANIA AVE, UNIT #8  
WINTER PARK, FL 32789 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 FANNEY, DARYN  
Address 1147 S. PENNSYLVANIA AVE, UNIT #8  
  
City-State-Zip: WINTER PARK FL 32789

*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: DARYN FANNEY**

**PRESIDENT**

**02/09/2021**

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

\_\_\_\_\_  
Date