

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000083878

**Entity Name:** PALM SPRINGS SPINAL CARE, INC.

**Current Principal Place of Business:**

3003 S. CONGRESS AVE, STE 1D  
SUITE D  
PALM SPRINGS, FL 33461

**Current Mailing Address:**

3003 S. CONGRESS AVE, STE 1D  
SUITE D  
PALM SPRINGS, FL 33461 US

**FEI Number:** 83-2038996

**Certificate of Status Desired:** No

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

MENTOR, WESNER  
3003 S. CONGRESS AVE, STE 1D  
SUITE D  
PALM SPRINGS, FL 33461 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 MENTOR, WESNER  
Address 3003 S. CONGRESS AVE, STE 1D  
City-State-Zip: PALM SPRINGS FL 33461

*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:** WESNER MENTOR

**OWNER**

**03/02/2024**

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Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_

Date