2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2024
Secretary of State
5901647951CC

DOCUMENT# P22000005587

Entity Name: GET WELL CHIROPRACTIC INC

Current Principal Place of Business:

660 N. STATE RD 7
UNIT 10
PLANTATION, FL 33317

Current Mailing Address:

660 N. STATE RD 7
UNIT 10
PLANTATION, FL 33317

FEI Number: 87-3102168

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAVE, ANDREW
660 N STATE RD 7
UNIT 10
PLANTATION, FL 33317 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	CAVE, ANDREW
Address	660 N STATE RD 7 UNIT 10
City-State-Zip:	PLANTATION FL 33317

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: ANDREW CAVE MANAGER 04/03/2024

Electronic Signature of Signing Officer/Director Detail — Date