## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000001335

Entity Name: CHANCE CHIROPRACTIC CENTER, P.A.

**Current Principal Place of Business:** 

1240 NW 11TH AVE GAINESVILLE, FL 32601

**Current Mailing Address:** 

1240 NW 11TH AVE GAINESVILLE, FL 32601

FEI Number: 59-3357002 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GAINESVILLE FL 32601

CHANCE, CHRIS D 1240 NW 11TH AVE GAINESVILLE, FL 32601 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** Jan 19, 2024

**Secretary of State** 

2616354822CC

Officer/Director Detail:

Title Title VSTD, DR

CHANCE, MICHAEL D Name CHANCE, CHRIS D Name 1240 NW 11TH AVE Address 1240 NW 11TH AVE Address City-State-Zip: GAINESVILLE FL 32601

Title DR. Title DR

Name CHANCE, JUSTIN F CHANCE, MARK D Name Address 1240 NW 11TH AVE Address 1240 NW 11TH AVE GAINESVILLE FL 32601 City-State-Zip: City-State-Zip: GAINESVILLE FL 32601

Title DR.

CHANCE, HAYDEN C Name 1240 NW 11TH AVE Address

City-State-Zip: GAINESVILLE FL 32601

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: MICHAEL D CHANCE

CEO

01/19/2024