

2022 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:** Yes**Name and Address of Current Registered Agent:**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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

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

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

Title	DR.
Name	CHANCE, JUSTIN F
Address	1240 NW 11TH AVE
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**PARTNER/CEO****01/17/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date