

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000064910

**Entity Name:** WUNDERLICH CHIROPRACTIC CLINIC, P.A.

**Current Principal Place of Business:**

1402 LAFAYETTE STREET  
CAPE CORAL, FL 33904

**Current Mailing Address:**

1402 LAFAYETTE STREET  
CAPE CORAL, FL 33904

**FEI Number:** 65-0690665

**Certificate of Status Desired:** Yes

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

WUNDERLICH, CHANCE A DR.  
1402 LAFAYETTE STREET  
CAPE CORAL, FL 33904 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:** CHANCE A. WUNDERLICH, D.C.

03/10/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT OF WUNDERLICH  
                  CHIROPRACTIC CLINIC, P.A.  
Name            WUNDERLICH, CHANCE A DR.  
Address        1402 LAFAYETTE STREET  
City-State-Zip: CAPE CORAL FL 33904

*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:** WUNDERLICH, CHANCE A, DR.

PRESIDENT OF  
WUNDERLICH  
CHIROPRACTIC CLINIC,  
P.A.

03/10/2025

Electronic Signature of Signing Officer/Director Detail

Date