2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2025
Secretary of State
3494130753CC

DOCUMENT# P97000063052

Entity Name: MANUEL FAMILY CHIROPRACTIC HEALTH CENTER, P.A.

Current Principal Place of Business:

3543 SW CORPORATE PARKWAY
PALM CITY, FL 34990

Current Mailing Address:

PO BOX 2329
PALM CITY, FL 34991 US

FEI Number: 65-0768804

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MANUEL, GERALD W
1460 S.W. ALBATROSS WAY
PALM CITY, FL 34990 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	D
Name	MANUEL, GERALD W
Address	1460 S.W. ALBATROSS WAY
City-State-Zip:	PALM CITY FL 34990

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: GERALD W MANUEL PRESIDENT 04/08/2025

Electronic Signature of Signing Officer/Director Detail — Date