

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000020124

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

**Current Principal Place of Business:**

14255 BEACH BLVD  
SUITE 300  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

14255 BEACH BLVD  
SUITE 300  
JACKSONVILLE BEACH, FL 32250 US

**FEI Number:** 59-3560061

**Certificate of Status Desired:** No

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

PETE ORLANDO, CPA, PA  
4745 SUTTON PARK COURT  
SUITE 101  
JACKSONVILLE, FL 32224 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 PSTD  
Name DEVINCENTIS, ROBERT  
Address 4510 COQUINA DRIVE  
City-State-Zip: JACKSONVILLE FL 32250

*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:** ROBERT DEVINCENTIS

**PRESIDENT**

**04/29/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date