

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000109245

Entity Name: CARE CHIROPRACTIC & WELLNESS CENTER, INC.

Current Principal Place of Business:

1051 EBER BLVD.
SUITE 102
MELBOURNE, FL 32904

Current Mailing Address:

1051 EBER BLVD.
SUITE 102
MELBOURNE, FL 32904 US

FEI Number: 59-3615622

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALSH, BRIAN P. DR.
4267 TROVITA CIRCLE
WEST MELBOURNE, FL 32904 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: BRIAN WALSH

01/31/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WALSH, BRIAN PATRICK DR.
Address 4267 TROVITA CIRCLE
City-State-Zip: WEST MELBOURNE FL 32904

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: BRIAN P WALSH, D.C.

PRESIDENT

01/31/2024

Electronic Signature of Signing Officer/Director Detail

Date