2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2025
Secretary of State
6070881265CC

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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 03/14/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	DIRECTOR
Name	WALSH, BRIAN PATRICK DR.	Name	WALSH, CHERYL ANN
Address	4267 TROVITA CIRCLE	Address	4267 TROVITA CIRCLE
City-State-Zip:	WEST MELBOURNE FL 32904	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 03/14/2025

Electronic Signature of Signing Officer/Director Detail — Date