

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000252780

Entity Name: PALM BAY CHIROPRACTIC AND WELLNESS, PLLC

Current Principal Place of Business:

490 CENTRE LAKE DRIVE NE
SUITE 100A
PALM BAY, FL 32907

Current Mailing Address:

490 CENTRE LAKE DRIVE NE
SUITE 100A
PALM BAY, FL 32907 US

FEI Number: 88-2736295

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DURKIN, DAVID M
490 CENTRE LAKE DRIVE NE
SUITE 100A
PALM BAY, FL 32907 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

Authorized Person(s) Detail :

Title AMBR
Name DURKIN, DAVID M DR.
Address 20 BROOK CREST WAY
City-State-Zip: ORMOND BEACH FL 32174

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID DURKIN

AMBR

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date