

**2025 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 M. DURKIN

**CEO/OWNER**

**04/07/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date