**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**May 01, 2024**
**Secretary of State**
**2569738412CC**

DOCUMENT# L23000282755

**Entity Name:** NEW DAY CHIROPRACTIC, LLC

**Current Principal Place of Business:**

5301 GULFPORT BLVD.
GULFPORT, FL 33707

**Current Mailing Address:**

5301 GULFPORT BLVD.
GULFPORT, FL 33707 US

**FEI Number: 93-2078868**

**Certificate of Status Desired:** No

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

PALOMBIZIO, AUSTIN T ESQ.
210 22ND AVE NE
APT 7
SAINT PETERSBURG, FL 33704 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 | DAY, DOUGLAS A |
| Address | 5301 GULFPORT BLVD. |
| City-State-Zip: | GULFPORT FL 33707 |

*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: DOUGLAS A. DAY AMBR 05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date