

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000056253

Entity Name: COLLIER CHIROPRACTIC CARE, PLLC

Current Principal Place of Business:

1001 CROSSPOINTE DRIVE
SUITE 1
NAPLES, FL 34110

Current Mailing Address:

1001 CROSSPOINTE DRIVE
SUITE 1
NAPLES, FL 34110 US

FEI Number: 92-2378565

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHEFFY PASSIDOMO, P.A.
821 FIFTH AVE S
NAPLES, FL 34102 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 MGRM
Name BELLO, CLAYTON G
Address 1001 CROSSPOINTE DRIVE
SUITE 1
City-State-Zip: NAPLES FL 34110

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: CLAYTON BELLO

DR.

01/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date