

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000077475

**Entity Name:** M2 CHIROPRACTIC AND PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

19519 EQUESTRIAN LANE  
DADE CITY, FL 33523

**Current Mailing Address:**

19519 EQUESTRIAN LANE  
DADE CITY, FL 33523 US

**FEI Number: 46-3707544**

**Certificate of Status Desired: No**

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

MCDUFFIE, JENNIFER M DR.  
19519 EQUESTRIAN LANE  
DADE CITY, FL 33523 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

**Officer/Director Detail :**

Title P  
Name MCDUFFIE, JENNIFER M DR.  
Address 19519 EQUESTRIAN LANE  
City-State-Zip: DADE CITY FL 33523

*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: JENNIFER MCDUFFIE**

**OWNER**

**03/10/2023**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date