

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000005109

**Entity Name:** BELLA OCCUPATIONAL THERAPY SERVICES INC

**Current Principal Place of Business:**

9459 N EUBANKS TERRACE  
DUNNELLON, FL. 34433  
DUNNELLON, FL 34433

**Current Mailing Address:**

9459 N EUBANKS TERRACE  
DUNNELLON, FL. 34433  
DUNNELLON, FL 34433 US

**FEI Number:** 84-4440950

**Certificate of Status Desired:** No

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

TORRES, SAYONARA  
9459 N EUBANKS TERRACE  
DUNNELLON, FL. 34433  
DUNNELLON, FL 34433 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            PRESIDENT  
Name            SAYONARA TORRES, SAYONARA  
Address        9459 N EUBANKS TERRACE  
                  DUNNELLON, FL. 34433  
City-State-Zip: DUNNELLON FL 34433

*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:** SAYONARA TORRES

**PRESIDENT**

**04/24/2023**

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

\_\_\_\_\_  
Date