

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000005109

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

**Current Principal Place of Business:**

4400 NE 145TH AVE. RD.  
SILVER SPRINGS, FL 34488

**Current Mailing Address:**

4400 NE 145TH AVE. RD.  
SILVER SPRINGS, FL 34488 US

**FEI Number: 84-4440950**

**Certificate of Status Desired: No**

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

TORRES, SAYONARA  
4400 NE 145TH AVE. RD.  
SILVER SPRINGS, FL 34488 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        4400 NE 145TH AVE. RD.  
City-State-Zip: SILVER SPRINGS FL 34488

*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**

**09/03/2021**

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

\_\_\_\_\_ Date