

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000003520

**Entity Name:** BELLEAIR BLUFFS CHIROPRACTIC, INC

**Current Principal Place of Business:**

490 INDIAN ROCKS ROAD N  
#B  
BELLEAIR BLUFFS, FL 33770

**Current Mailing Address:**

490 INDIAN ROCKS ROAD N  
#B  
BELLEAIR BLUFFS, FL 33770 US

**FEI Number:** 87-4306383

**Certificate of Status Desired:** No

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

RIBORDY AND ASSOCIATES, INC  
8780 SEMINOLE BLVD  
SEMINOLE, FL 33772 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            VP  
Name            MCCORMICK, SCOT W  
Address        900 GULF BLVD #202  
City-State-Zip: INDIAN ROCKS BEACH FL 33785

Title            VP  
Name            DEPASQUE, ROSEMARY M  
Address        900 GULF BLVD #202  
City-State-Zip: INDIAN ROCKS BEACH FL 33785

*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:** SCOT W MCCORMICK

VP

02/16/2024

Electronic Signature of Signing Officer/Director Detail

Date