

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000047540

**Entity Name:** THE BOLICK CLINIC, INC.

**Current Principal Place of Business:**

500 E. HORATIO AVE  
STE 5  
MAITLAND, FL 32751

**Current Mailing Address:**

500 E. HORATIO AVE  
STE 5  
MAITLAND, FL 32751

**FEI Number: 59-3644288**

**Certificate of Status Desired:** No

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

BOLICK, CHANNING C  
500 E. HORATIO AVE  
MAITLAND, FL 32751 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 DR  
Name BOLICK, CHANNING C  
Address 500 E. HORATIO AVE  
City-State-Zip: MAITLAND FL 32751

*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: CHANNING BOLICK**

**PRESIDENT**

**04/29/2022**

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

\_\_\_\_\_  
Date