

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000023391

**Entity Name:** BELLEVIEW CHIROPRACTIC CLINIC, P.A.

**Current Principal Place of Business:**

10341 SE HWY. 441/27  
BELLEVIEW, FL 34420

**Current Mailing Address:**

13041 SE HWY. 441/27  
BELLEVIEW, FL 34420 US

**FEI Number:** 59-3713027

**Certificate of Status Desired:** No

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

ZIELECKI, MICHELLE M  
10341 SE HWY. 441/27  
BELLE VIEW, FL 34410 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:** MICHELLE ZIELECKI

03/02/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT

Name ZIELECKI, MICHELLE M.

Address 10341 SE HWY. 441/27

City-State-Zip: BELLEVIEW FL 34420

*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:** MICHELLE ZIELECKI

PRESIDENT

03/02/2022

Electronic Signature of Signing Officer/Director Detail

Date