2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2015
Secretary of State
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Entity Name: BELLEVIEW CHIROPRACTIC CLINIC, P.A.

Current Principal Place of Business:

11730 SOUTHEAST HWY 441
BELLEVIEW, FL 34420

Current Mailing Address:

11730 SOUTHEAST HWY 441
BELLEVIEW, FL 34420

FEI Number: 59-3713027

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SEESE, DENNIS R
11730 SOUTHEAST HWY 441
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D
Name	SEESE, DENNIS R
Address	11730 SOUTHEAST HWY 441
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: DENNIS R. SEESE OWNER 03/02/2015

Electronic Signature of Signing Officer/Director Detail — Date