

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000026268

**Entity Name:** MICHAEL J. ZALEWA, LMHC, P.A.

**Current Principal Place of Business:**

2303 SAWGRASS VILLAGE DR.  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

2303 SAWGRASS VILLAGE DR.  
PONTE VEDRA BEACH, FL 32082

**FEI Number:** 03-0413395

**Certificate of Status Desired:** No

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

ZALEWA, MICHAEL J  
2303 SAWGRASS VILLAGE DR.  
PONTE VEDRA BEACH, FL 32082 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 PD  
Name ZALEWA, MICHAEL J  
Address 2303 SAWGRASS VILLAGE DRIVE  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title VP  
Name ZALEWA, ANDREW CHARLES  
Address 14446 STACEY ROAD  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title VP  
Name ZALEWA, IAN JOSEPH  
Address 14446 STACEY ROAD  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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:** MICHAEL J. ZALEWA

PD

02/07/2025

Electronic Signature of Signing Officer/Director Detail

Date