

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000093901

**Entity Name:** ACCEL HEALTH & CHIROPRACTIC CLINIC

**Current Principal Place of Business:**

2502 MANORWOOD DRIVE  
MELBOURNE, FL 32901

**Current Mailing Address:**

2502 MANORWOOD DRIVE  
MELBOURNE, FL 32901 US

**FEI Number:** 47-1116922

**Certificate of Status Desired:** No

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

PAULEY, LEIGH DC  
2502 MANORWOOD DRIVE  
MELBOURNE, FL 32901 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

**Authorized Person(s) Detail :**

Title            AMBR  
Name            PAULEY, LEIGH DC  
Address        2502 MANORWOOD DRIVE  
City-State-Zip: MELBOURNE FL 32901

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEIGH PAULEY

AMBR

02/21/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date