

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000006423

**Entity Name:** THERAPAWS NETWORK INC

**Current Principal Place of Business:**

8953 SW 150 COURT CIRCLE W.  
MIAMI, FL 33196

**Current Mailing Address:**

8953 SW 150 COURT CIRCLE W.  
MIAMI, FL 33196

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

NUNEZ, LIRDE  
8953 SW 150 COURT CIRCLE W.  
MIAMI, FL 33196 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 P  
Name NUNEZ, LIRDE  
Address 8953 SW 150 COURT CIRCLE W.  
City-State-Zip: MIAMI FL 33196

Title VP  
Name FRANCISCO, MARIA  
Address 8953 SW 150 COURT CIRCLE W.  
City-State-Zip: MIAMI FL 33196

Title V- PRESIDENT  
Name NUNEZ, YOHANTY S.  
Address 8953 SW 150 COURT CIRCLE W  
City-State-Zip: MIAMI FL 33196

Title V- PRESIDENT  
Name NUNEZ, YOXYLY Z.  
Address 8953 SW 150TH COURT CIR W  
City-State-Zip: MIAMI FL 33196

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LIRDE NUNEZ

**PRESIDENT**

**04/11/2022**

Electronic Signature of Signing Officer/Director Detail

Date