

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000001500

**Entity Name:** AJEGBE THERAPY CORP

**Current Principal Place of Business:**

20016 NW 64 CT RD  
HIALEAH, FLORIDA, FL 33015

**Current Mailing Address:**

20016 NW 64 CT RD  
HIALEAH, FL 33015

**FEI Number:** 84-4718946

**Certificate of Status Desired:** No

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

LEON ALVAREZ, YANIRYS  
20016 NW 64 CT RD  
HIALEAH, FL 33015 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 LEON ALVAREZ, YANIRYS MRS  
Address 20016 NW 64 CT RD  
City-State-Zip: HIALEAH FL 33015

*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:** YANIRYS LEON ALVAREZ

02/16/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date