

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000066723

**Entity Name:** THERAPARTNERS OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

10691 N. KENDALL DRIVE  
SUITE 201  
MIAMI, FL 33176

**FILED**  
**Apr 06, 2018**  
**Secretary of State**  
**CC2771922127**

**Current Mailing Address:**

10691 N. KENDALL DRIVE  
SUITE 201  
MIAMI, FL 33176 US

**FEI Number: 65-1022737**

**Certificate of Status Desired: No**

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

ROSALES, DR. AMERICO  
10691 N. KENDALL DRIVE  
SUITE 201  
MIAMI, FL 33176 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            ROSALES, DR. AMERICO  
Address        10691 N. KENDALL DRIVE  
                  SUITE 201  
City-State-Zip: MIAMI FL 33176

*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: ROSALES, DR. AMERICO**

**MGR**

**04/06/2018**

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

\_\_\_\_\_  
Date