

**2021 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000066723

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

**Current Principal Place of Business:**

10689 NORTH KENDALL DRIVE  
SUITE 215  
MIAMI, FL 33176

**Current Mailing Address:**

10689 N. KENDALL DRIVE  
SUITE 115  
MIAMI, FL 33176 US

**FEI Number:** 65-1022737

**Certificate of Status Desired:** No

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

ROSALES, DR. AMERICO  
10689 N. KENDALL DRIVE  
SUITE 115  
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:** ROSALES DR. AMERICO

12/17/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name ROSALES, DR. AMERICO  
Address 10689 N. KENDALL DRIVE  
SUITE 115  
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

**DIRECTOR**

12/17/2021

Electronic Signature of Signing Officer/Director Detail

Date