## 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000042284

Entity Name: FLORIDA THERAPY, INC.

**Current Principal Place of Business:** 

207 VIRGINIA ST.

EDGEWATER. FL 32132

**FILED** Mar 06, 2018 **Secretary of State** CC9124919661

## **Current Mailing Address:**

207 VIRGINIA ST.

EDGEWATER. FL 32132 US

FEI Number: 48-1257117 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

HALICZER, JAMES SESQ 101 NORTHEAST THIRD AVENUE SUITE 600 FORT LAUDERDALE, FL 33301 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 Title S

Name TRACEY, MARK F Name TRACEY, SHELLEY R Address 207 VIRGINIA ST. Address 207 VIRGINIA ST.

EDGEWATER FL 32132 City-State-Zip: City-State-Zip: EDGEWATER FL 32132

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.

**PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: MARK F TRACEY

03/06/2018 Date