

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000040435

Entity Name: SOFT TISSUE THERAPIES, INC.

Current Principal Place of Business:

13 PINETREE DRIVE
GULF BREEZE, FL 32561

Current Mailing Address:

13 PINETREE DRIVE
GULF BREEZE, FL 32561

FEI Number: 71-0947022

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHRISTINA POWERS TAX
1805 CREIGHTON ROAD STE 5
PMB212
PENSACOLA, FL 32504 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: CHRISTINA POWERS

04/30/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name PSCHANDL, JIM
Address 13 PINETREE DRIVE
City-State-Zip: GULF BREEZE FL 32561

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: PSCHANDL , JIM

P

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date