

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000043042

**Entity Name:** LNP THERAPY, INC.

**Current Principal Place of Business:**

5237 BOLERO CIRCLE  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

5237 BOLERO CIRCLE  
DELRAY BEACH, FL 33484 US

**FEI Number:** 55-0829551

**Certificate of Status Desired:** No

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

PUGLIESE, LISA N  
5237 BOLERO CIRCLE  
DELRAY BEACH, FL 33484 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:** LISA N. PUGLIESE

05/28/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name PUGLIESE, LISA N  
Address 5237 BOLERO CIRCLE  
City-State-Zip: DELRAY BEACH FL 33484

*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:** PUGLIESE, LISA N.

D

05/28/2020

Electronic Signature of Signing Officer/Director Detail

Date