

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000043042

Entity Name: LNP THERAPY, INC.

Current Principal Place of Business:

11035 LEGACY BLVD.. #104
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

11035 LEGACY BLVD.. #104
PALM BEACH GARDENS, FL 33410 US

FEI Number: 55-0829551

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PUGLIESE, LISA N
11035 LEGACY BLVD.. #104
PALM BEACH GARDENS, FL 33410 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

04/28/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name PUGLIESE, LISA N
Address 11035 LEGACY BLVD.. #104
City-State-Zip: PALM BEACH GARDENS FL 33410

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: LISA N PUGLIESE

D

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date