

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000169482

**Entity Name:** CHILDREN'S THERAPY CENTER, INC.

**Current Principal Place of Business:**

8603 S. DIXIE HIGHWAY  
STE 412  
PINECREST, FL 33156

**Current Mailing Address:**

8810 SW 18TH TER  
MIAMI, FL 33165 US

**FEI Number:** 20-2020526

**Certificate of Status Desired:** No

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

LOPEZ, JAVIER A  
8810 SW 18TH TER  
MIAMI, FL 33165 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	P, S	Title	VP, T
Name	LOPEZ, JAVIER A	Name	LOPEZ, ISMARY
Address	8810 SW 18TH TER	Address	8810 SW 18TH TER
City-State-Zip:	MIAMI FL 33165	City-State-Zip:	MIAMI FL 33165

*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:** JAVIER LOPEZ

**PRESIDENT**

**02/22/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date