

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000094964

Entity Name: THERAPY ZONE CENTER, INC.

Current Principal Place of Business:

333 SW 133 PLACE
MIAMI, FL 33184

Current Mailing Address:

333 SW 133 PLACE
MIAMI, FL 33184

FEI Number: 20-5321322

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIAL, NIDIA C
333 SW 133 PLACE
MIAMI, FL 33184 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 PD
Name RIAL, NIDIA C
Address 333 SW 133 PLACE
City-State-Zip: MIAMI FL 33184

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: NIDIA RIAL

PD

01/27/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date