

**2017 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

**FILED**  
**Sep 02, 2017**  
**Secretary of State**  
**CC0388485491**

**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**

**09/02/2017**

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

\_\_\_\_\_  
Date