

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000084763

**Entity Name:** SHARP THERAPY SERVICES, INCORPORATED

**Current Principal Place of Business:**

1757 LOTT RD.  
MONTICELLO, FL 32344

**Current Mailing Address:**

P.O. BOX 193  
WACISSA, FL 32361 US

**FEI Number: 56-2673646**

**Certificate of Status Desired: No**

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

SHARP, PATRICIA  
1757 LOTT RD.  
MONTICELLO, FL 32344 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  
Name SHARP, PATRICIA  
Address P.O. BOX 3543  
City-State-Zip: TALLAHASSEE FL 32315

*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: PATRICIA SHARP**

**OWNER/PRESIDENT**

**03/14/2019**

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

\_\_\_\_\_  
Date