

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000085430

Entity Name: ELA THERAPY SOLUTIONS, INC.

Current Principal Place of Business:

219 WINDWARD CIRCLE
ORMOND BEACH, FL 32176

Current Mailing Address:

PO BOX 2852
ORMOND BEACH, FL 32175 US

FEI Number: 26-0609317

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YOUNG, DONALD S JR.
4645 SOUTH CLYDE MORRIS BLVD
SUITE 401
PORT ORANGE, FL 32129 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: DONALD S. YOUNG, JR.

05/01/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name WELCH, ERIN A
Address 219 WINDWARD CIRCLE
City-State-Zip: ORMOND BEACH FL 32176

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: ERIN WELCH

P

05/01/2019

Electronic Signature of Signing Officer/Director Detail

Date