

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000112992

**Entity Name:** THERA PRO SERVICES, INC.

**Current Principal Place of Business:**

10300 S.W. 44 ST  
MIAMI, FL 33165

**Current Mailing Address:**

10300 S.W. 44 ST  
MIAMI, FL 33165

**FEI Number: 37-1552424**

**Certificate of Status Desired: No**

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

CONESA, YUNAI SY  
10300 S.W. 44 ST  
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  
Name            CONESA, YUNAI SY  
Address        10300 SW 44 ST  
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: YUNAI SY CONESA**

P

04/04/2015

Electronic Signature of Signing Officer/Director Detail

Date