

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000090150

**Entity Name:** PACE PHYSICAL THERAPY INC.

**Current Principal Place of Business:**

147 ALHAMBRA CIRCLE  
SUITE 141  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2510 LINCOLN AVE  
MIAMI, FL 33133

**FEI Number:** 30-0508042

**Certificate of Status Desired:** No

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

PACE, MARIA L  
2510 LINCOLN AVE  
MIAMI, FL 33133 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 PSTD  
Name PACE, MARIA J  
Address 2510 LINCOLN AVE  
City-State-Zip: MIAMI FL 33133

*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:** MARIA JULIA PACE

**PRESIDENT**

**02/14/2019**

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

\_\_\_\_\_  
Date