

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000036587

**Entity Name:** THERAPY TEAM SOLUTIONS, INC.

**Current Principal Place of Business:**

900 BAY DRIVE  
APT 919  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

5120 SW 92ND TERRACE  
COOPER CITY, FL 33328 US

**FEI Number:** 27-2454280

**Certificate of Status Desired:** No

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

DI CARLO, MARIA L  
5120 SW 92ND TERRACE  
COOPER CITY, FL 33328 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 D	Title	V/P D
Name	DI CARLO, MARIA L	Name	FRANCES, ENRIQUE P
Address	5120 SW 92ND TERRACE	Address	5120 SW 92ND TERRACE
City-State-Zip:	COOPER CITY FL 33328	City-State-Zip:	COOPER CITY FL 33328

*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 L DI CARLO

**PRESIDENT**

**01/19/2024**

Electronic Signature of Signing Officer/Director Detail

Date