

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000054019

**Entity Name:** ANNA STEPHENS PHYSICAL THERAPY INC

**Current Principal Place of Business:**

8414 N JONES AVE  
UNIT 5  
TAMPA, FL 33604

**Current Mailing Address:**

8414 N JONES AVE  
UNIT 5  
TAMPA, FL 33604 US

**FEI Number:** 27-2939724

**Certificate of Status Desired:** No

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

STEPHENS, ANNA  
8414 N JONES AVE  
UNIT 5  
TAMPA, FL 33604 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            PRES  
Name            STEPHENS, ANNA  
Address        8414 N JONES AVE  
                  UNIT 5  
City-State-Zip: TAMPA FL 33604

*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:** ANNA STEPHENS

**PRESIDENT**

**09/14/2020**

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

\_\_\_\_\_ Date