

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000043660

**Entity Name:** ALYSSA CAMPBELL THERAPIES, P.A.

**Current Principal Place of Business:**

10434 ORANGE GROVE DR  
TAMPA, FL 33618

**Current Mailing Address:**

10434 ORANGE GROVE DR  
TAMPA, FL 33618 US

**FEI Number:** 45-2252844

**Certificate of Status Desired:** No

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

CAMPBELL, ALYSSA SHAFII  
10434 ORANGE GROVE DR  
TAMPA, FL 33618 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:** ALYSSA SHAFII CAMPBELL

02/14/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name CAMPBELL, ALYSSA SHAFII  
Address 10434 ORANGE GROVE DR  
City-State-Zip: TAMPA FL 33618

*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:** ALYSSA S CAMPBELL

OWNER AND PRESIDENT 02/14/2023

Electronic Signature of Signing Officer/Director Detail

Date