FEI Number:	APPLIED FOR	Certificate of Status De
Name and Ac	Idress of Current Registered Agent:	
SCHIPANI, PHIL 1605 MAIN STRE 608 SARASOTA, FL	ET	
The above named e	entity submits this statement for the purpose of changing its registered office or reg	istered agent, or both, in the State of
SIGNATURE:	PHILIP J. SCHIPANI, ESQ.	
	Electronic Signature of Registered Agent	

The of Florida.

	Electronic Signature of Registered Agent				
Officer/Director Detail :					
Title	P	Title	VP		
Name	SCHIPANI, KRISTEN T	Name	SCHIPANI, PHILIP J ESQ.		
Address	14846 7TH AVE EAST	Address	14846 7TH AVE EAST		
City-State-Zip:	BRADENTON FL 34212	City-State-Zip:	BRADENTON FL 34212		

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.

VP

SIGNATURE: PHILIP J SCHIPANI

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P11000091055

**Current Mailing Address:** 14846 7TH AVE EAST BRADENTON, FL 34212

14846 7TH AVE EAST BRADENTON, FL 34212

Entity Name: KC THERAPY, INC.

**Current Principal Place of Business:** 

## FILED Sep 23, 2021 **Secretary of State** 2408740781CC

09/23/2021

09/23/2021 Date

## Certificate of Status Desired: No