

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000019404

**Entity Name:** INTERACTIVE THERAPY SOLUTIONS INC

**Current Principal Place of Business:**

520 NW 165TH STREET RD.  
SUITE 205  
MIAMI, FL 33169

**Current Mailing Address:**

3860 NE 170ST  
UNIT 207  
NORTH MIAMI BEACH , FL 33160 US

**FEI Number:** 45-4650353

**Certificate of Status Desired:** No

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

M&L ACCOUNTING SERVICES INC  
16969 NW 67TH AVENUE  
SUITE 201  
HIALEAH, FL 33015 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            PRESIDENT  
Name            THOMAS, ANTONIA P  
Address        3860 NE 170ST  
                  UNIT 207  
City-State-Zip: NORTH MIAMI BEACH FL 33160

*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:** ANTONIA THOMAS

**PRESIDENT**

**04/05/2019**

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

\_\_\_\_\_ Date