

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000024751

**Entity Name:** O&R THERAPY SERVICES, CORP.

**Current Principal Place of Business:**

17754 NW 59TH AVE  
#102  
HIALEAH, FL 33015

**Current Mailing Address:**

17754 NW 59TH AVE  
#102  
HIALEAH, FL 33015

**FEI Number:** 46-5144548

**Certificate of Status Desired:** No

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

GIL BENITEZ, OMAR  
17754 NW 59TH AVE  
#102  
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 P  
Name GIL BENITEZ, OMAR  
Address 17754 NW 59TH AVE, #102  
City-State-Zip: HIALEAH FL 33015

Title VP  
Name LOPEZ, RAQUEL  
Address 17754 NW 59TH AVE, #102  
City-State-Zip: HIALEAH FL 33015

*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:** RAQUEL LOPEZ

VP

05/01/2017

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

\_\_\_\_\_  
Date