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

### SIGNATURE: YULISKA M PEREZ

Electronic Signature of Signing Officer/Director Detail

# 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P15000051154

Entity Name: DHB THERAPY, CORP

#### **Current Principal Place of Business:**

405 WEST 11TH ST 3 HIALEAH, FL 33010

### **Current Mailing Address:**

405 WEST 11TH ST 3 HIALEAH, FL 33010 US

### FEI Number: 47-4264703

### Name and Address of Current Registered Agent:

PEREZ, YULISKA M 405 WEST 11TH ST 3 HIALEAH, FL 33010 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

### **Officer/Director Detail :**

Title Ρ PEREZ, YULISKA M Name 405 WEST 11TH ST APT 3 Address City-State-Zip: HIALEAH FL 33010

FILED Feb 20, 2016 Secretary of State CC9485040071

Date

Certificate of Status Desired: No

above, or on an attachment with all other like empowered.

PRESIDENT	02/20/2016

Date