

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000052972

**Entity Name:** LOVELY THERAPY, INC.

**Current Principal Place of Business:**

5600 SW 135 AVE  
STE 114  
MIAMI, FL 33183

**FILED**  
**Apr 12, 2018**  
**Secretary of State**  
**CC6241989306**

**Current Mailing Address:**

5600 SW 135 AVE  
STE 114  
MIAMI, FL 33183 US

**FEI Number:** 82-5057194

**Certificate of Status Desired:** No

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

SANSON, JUDITH  
5600 SW 135 AVE  
114  
MIAMI, FL 33183 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            SANSON, JUDITH  
Address        5600 SW 135 AVE STE. 114  
City-State-Zip: MIAMI FL 33183

Title            VP  
Name            RESTREPO, DOLLY ANDREA  
Address        5600 SW 135 AVE  
                  STE 114  
City-State-Zip: MIAMI FL 33183

*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:** DOLLY A RESTREPO

**VICE-PRESIDENT**

**04/12/2018**

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

\_\_\_\_\_  
Date