

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000094662

**Entity Name:** ENCOMPASS THERAPIES, INC.

**Current Principal Place of Business:**

1 CYPRESS PT W  
PENSACOLA, FL 32514

**Current Mailing Address:**

1 CYPRESS PT W  
PENSACOLA, FL 32514 US

**FEI Number:** 82-3526923

**Certificate of Status Desired:** No

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

WITHERS, ROSE  
1 CYPRESS PT W  
PENSACOLA, FL 32514 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 WITHERS, ROSE  
Address 1 CYPRESS PT W  
City-State-Zip: PENSACOLA FL 32514

*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:** ROSE WITHERS

**OWNER**

**01/09/2023**

Electronic Signature of Signing Officer/Director Detail

Date