

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000029595

Entity Name: LLORET THERAPY SERVICES INC

Current Principal Place of Business:

347 SE 19TH TERRA
HOMESTEAD, FL 33033

Current Mailing Address:

347 SE 19TH TERRA
HOMESTEAD, FL 33033 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LLORET FRABOTTA, BEATRIZ
347 SE 19TH TERRA
HOMESTEAD, FL 33033 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 LLORET FRABOTTA, BEATRIZ
Address 347 SE 19TH TERRA
City-State-Zip: HOMESTEAD FL 33033

Title VP
Name FRABOTTA, ROBERTO
Address 347 SE 19TH TERRA
City-State-Zip: HOMESTEAD FL 33033

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: BEATRIZ LLORET FRABOTTA

PRESIDENT

05/01/2019

Electronic Signature of Signing Officer/Director Detail

Date