

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000041472

Entity Name: MY DEVELOPMENTAL THERAPY, INC

Current Principal Place of Business:

1011 FAIRFIELD MEADOWS DRIVE
WESTON, FL 33327

Current Mailing Address:

1011 FAIRFIELD MEADOWS DRIVE
WESTON, FL 33327 US

FEI Number: 82-5348009

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUTIERREZ, ALEJANDRA
1011 FAIRFIELD MEADOWS DRIVE
WESTON, FL 33327 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 PRESIDENT
Name GUTIERREZ, ALEJANDRA
Address 1011 FAIRFIELD MEADOWS DRIVE
City-State-Zip: WESTON FL 33327

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: GUTIERREZ, ALEJANDRA

PRESIDENT

01/30/2024

Electronic Signature of Signing Officer/Director Detail

Date