

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000065996

**Entity Name:** CHIRINO PHYSICAL THERAPY SERVICES, INC.

**Current Principal Place of Business:**

6910 WEST 12 CT  
HIALEAH, FL 33014

**Current Mailing Address:**

6910 WEST 12 CT  
HIALEAH, FL 33014 US

**FEI Number: 83-1469361**

**Certificate of Status Desired:** No

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

CHIRINO, ORLIDIA  
6910 WEST 12 CT  
HIALEAH, FL 33014 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 CHIRINO, ORLIDIA  
Address 6910 WEST 12 CT  
City-State-Zip: HIALEAH FL 33014

*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: ORLIDIA CHIRINO**

**PRESIDENT**

**03/25/2019**

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

\_\_\_\_\_  
Date