

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000021663

**Entity Name:** THERAMED CLINIC INC

**Current Principal Place of Business:**

227 BROADWAY  
E2  
KISSIMMEE, FL 34741

**Current Mailing Address:**

227 BROADWAY  
E2  
KISSIMMEE, FL 34741

**FEI Number: 83-4009488**

**Certificate of Status Desired: No**

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

SOLANO, ROWLAND A  
636 HATCHWOOD DR  
HAINES CITY, FL 33844 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	Title	VP
Name	SOLANO, ROWLAND A	Name	SOLANO, JAMI R
Address	636 HATCHWOOD DR	Address	636 HATCHWOOD DR
City-State-Zip:	HAINES CITY FL 33844	City-State-Zip:	HAINES CITY FL 33844

*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: ROWLAND SOLANO**

**PRESIDENT**

**03/04/2022**

Electronic Signature of Signing Officer/Director Detail

Date