

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000068714

**Entity Name:** RE-NEW THERAPY PARTNERS INC

**Current Principal Place of Business:**

347 WINDLEY DR  
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

347 WINDLEY DR  
ST AUGUSTINE, FL 32092 US

**FEI Number: 84-2855091**

**Certificate of Status Desired: No**

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

HALL FINANCIAL CORPORATION  
3791 A1A SOUTH  
SUITE B  
ST AUGUSTINE, FL 32080 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 D  
Name CALVO, DANIEL  
Address 347 WINDLEY DR  
City-State-Zip: ST AUGUSTINE FL 32092

*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: DANIEL CALVO**

**OWNER**

**07/01/2020**

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

\_\_\_\_\_  
Date