

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000003367

**Entity Name:** GREY'S THERAPY SERVICES INC

**Current Principal Place of Business:**

1952 NE 4 CT  
HOMESTEAD, FL 33033

**Current Mailing Address:**

1952 NE 4 CT  
HOMESTEAD, FL 33033 US

**FEI Number: 84-4398740**

**Certificate of Status Desired:** No

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

PENA, GREY  
1952 NE 4 CT  
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	PENA, GREY
Address	1952 NE 4 CT
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: GREY PENA FELIPE**

**PRESIDENT**

**04/12/2021**

Electronic Signature of Signing Officer/Director Detail

Date