

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000009378

**Entity Name:** YOY PHYSICAL THERAPY INC.

**Current Principal Place of Business:**

4400 NW 79 AVE  
227  
DORAL, FL 33166

**Current Mailing Address:**

4400 NW 79 AVE  
227  
DORAL, FL 33166 US

**FEI Number:** 84-4483355

**Certificate of Status Desired:** No

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

OLIVA VARGAS, YAMILET  
4400 NW 79 AVE  
227  
DORAL, FL 33166 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 OLIVA VARGAS, YAMILET  
Address 4400 NW 79 AVE APT 227  
City-State-Zip: DORAL FL 33166

*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:** OLIVA VARGAS , YAMILET

**PRESIDENT**

**04/25/2022**

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

\_\_\_\_\_  
Date