

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000013286

**Entity Name:** THERAPAX INCORPORATED

**Current Principal Place of Business:**

286 8TH AVE N  
TIERRA VERDE, FL 33715

**Current Mailing Address:**

286 8TH AVE N  
TIERRA VERDE, FL 33715 US

**FEI Number: 84-4753313**

**Certificate of Status Desired: No**

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

SCHROEDER, ANDEE J  
286 8TH AVE N  
TIERRA VERDE, FL 33715 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: ANDEE J SCHROEDER**

**01/31/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name LEROUX, WAYNE  
Address 286 8TH AVE N  
City-State-Zip: TIERRA VERDE FL 33715

Title DIRECTOR  
Name LASTOWSKI, MICHAEL  
Address 1206 COURT ST.  
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR  
Name MAHY, RUSSELL J  
Address 3601 DOUGLAS PL  
City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR  
Name WHITE, GEORGE  
Address 1206 COURT ST.  
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR  
Name PARTRIDGE, DIANE  
Address 2756 LANDMARK DR.  
City-State-Zip: CLEARWATER FL 33761

*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: L WAYNE LEROUX**

**DIRECTOR**

**01/31/2022**

Electronic Signature of Signing Officer/Director Detail

Date