

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000039334

Entity Name: SHAPE LIGHT THERAPY, INC.

Current Principal Place of Business:

3646 LA SALLE AVE
SAINT CLOUD, FL 34772

Current Mailing Address:

3646 LA SALLE AVE
SAINT CLOUD, FL 34772

FEI Number: 85-3973241

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, MELISSA A
3646 LA SALLE AVE
SAINT CLOUD, FL 34772 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 WILLIAMS, MELISSA A
Address 3646 LA SALLE AVE
City-State-Zip: SAINT CLOUD FL 34772

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: MELISSA WILLIAMS

PRESIDENT

01/14/2021

Electronic Signature of Signing Officer/Director Detail

Date