

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000060419

**Entity Name:** THERAPY UNLIMITED MIAMI, INC

**Current Principal Place of Business:**

792 NW 123RD COURT  
MIAMI, FL 33182

**Current Mailing Address:**

792 NW 123RD COURT  
MIAMI, FL 33182

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

URGELL, RACHEL  
792 NW 123RD COURT  
MIAMI, FL 33182 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                  | Title           | VP                 |
| Name            | URGELL, RACHEL     | Name            | URGELL, EMILIO     |
| Address         | 792 NW 123RD COURT | Address         | 792 NW 123RD COURT |
| City-State-Zip: | MIAMI FL 33182     | City-State-Zip: | MIAMI FL 33182     |

*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:** RACHEL URGELL

**PRESIDENT**

**04/10/2023**

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

\_\_\_\_\_  
Date