

2021 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P20000072400

Entity Name: A & L THERAPY CARE INC

Current Principal Place of Business:

1051 EXCHANGE PL
UNIT 106-107
SAINT CLOUD, FL 34769

Current Mailing Address:

17560 NW 27TH AVENUE
SUITE 125
MIAMI GARDENS, FL 33056 US

FEI Number: 85-3068838

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADRIANNA CRUZ GONZALEZ
3870 NW 207TH STREET
MIAMI GARDENS, FL 33055 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 ADRIANA CRUZ GONZALEZ
Address 3870 NW 207TH STREET
City-State-Zip: MIAMI GARDENS FL 33055

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: ADRIANA CRUZ

PRESIDENTE

12/03/2021

Electronic Signature of Signing Officer/Director Detail

Date