

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000072400

**Entity Name:** A & L THERAPY CARE INC

**Current Principal Place of Business:**

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

**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

**PRESIDENT**

**04/28/2021**

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

\_\_\_\_\_  
Date