

**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:**

780 NW 42 AVE SUITE 416  
MIAMI, FL 33126 US

**FEI Number:** 85-3068838

**Certificate of Status Desired:** No

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

ADRIANNA CRUZ GONZALEZ  
780 NW 42 AVE SUITE 416  
MIAMI, FL 33126 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	P
Name	ADRIANA CRUZ GONZALEZ	Name	JACOMINO, YAMIL
Address	3870 NW 207TH STREET	Address	780 NW 42 AVE SUITE 416
City-State-Zip:	MIAMI GARDENS FL 33055	City-State-Zip:	MIAMI FL 33126

*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**

**12/27/2021**

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

\_\_\_\_\_  
Date