

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000085840

**Entity Name:** J&J THERAPY SERVICES CORP

**Current Principal Place of Business:**

5202 SW 159TH AVE  
MIAMI, FL 33185

**Current Mailing Address:**

5202 DE 159 AVE  
MIAMI, FL 33185 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PEREZ RODRIGUEZ, ALBA ROSA  
5202 DE 159 AVE  
MIAMI, FL 33185 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            PEREZ RODRIGUEZ, ALBA ROSA  
Address        10251 SW 13TH ST  
City-State-Zip: MIAMI FL 33174

*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:** PEREZ RODRIGUEZ , ALBA ROSA

ALBA ROSA PÉREZ  
RODRÍGUEZ

02/08/2024

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

\_\_\_\_\_  
Date