

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000069945

**Entity Name:** EMOTIONS SPEECH THERAPY CORP

**Current Principal Place of Business:**

160 SW 130TH AVE  
MIAMI, FL 33184

**Current Mailing Address:**

160 SW 130TH AVE  
MIAMI, FL 33184 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MEDINA, MAGALY M  
160 SW 130TH AVE  
MIAMI FLORIDA, FL 33184 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 MEDINA, MAGALY M  
Address 160 SW 130TH AVE  
City-State-Zip: MIAMI FL 33184

*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:** MAGALY MARGARITA MEDINA

**SPEECH LANGUAGE  
PATHOLOGIST**

**02/24/2023**

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

\_\_\_\_\_ Date