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: ARIAS, DEYRIS

Electronic Signature of Signing Officer/Director Detail

# **Current Mailing Address:**

## FEI Number: 87-2622370

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

ARIAS, DEYRIS 13115 W OKEECHOBEE RD 111 HIALEAH GARDENS, FL 33018 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:

# Officer/Director Detail ·

Unicer/Director Detail :			
Title	Р	Title	VP
Name	ARIAS, DEYRIS	Name	FERNANDEZ, LAYDA
Address	13115 W OKEECHOBEE RD STE 111	Address	13115 W OKEECHOBEE RD STE 111
City-State-Zip:	HIALEAH GARDENS FL 33018	City-State-Zip:	HIALEAH GARDENS FL 33018

# 2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000080481

Entity Name: ANGELS LOVING THERAPY CENTER CORP

# **Current Principal Place of Business:**

13115 W OKEECHOBEE RD 111 HIALEAH GARDENS, FL 33018

13115 W OKEECHOBEE RD 111 HIALEAH GARDENS, FL 33018 US

PRESIDENT

02/26/2022

Date

## FILED Feb 26, 2022 Secretary of State 0592668671CC

Certificate of Status Desired: No

Date