

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000068830

**Entity Name:** MILA THERAPY INC

**Current Principal Place of Business:**

6372 LA COSTA DR  
SUITE 205  
BOCA RATON, FL 33433

**Current Mailing Address:**

6372 LA COSTA DR  
APT 205  
BOCA RATON, FL 33433 US

**FEI Number:** 92-0273469

**Certificate of Status Desired:** No

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

T R THE TAXMAN INC  
9858 CLINT MOORE RD  
SUITE C111-131  
BOCA RATON, FL 33496 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 MIJATOVIC, MILENA  
Address 6372 LA COSTA DR-APT 205  
City-State-Zip: BOCA RATON FL 33433

*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:** MILENA MIJATOVIC

P

03/09/2023

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

\_\_\_\_\_  
Date