

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000079749

**Entity Name:** M. VALDES THERAPY SERVICES INC

**Current Principal Place of Business:**

1506 PINE AVE  
LEHIGH ACRES, FL 33972

**Current Mailing Address:**

1506 PINE AVE  
LEHIGH ACRES, FL 33972 US

**FEI Number:** 80-0984458

**Certificate of Status Desired:** No

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

VALDES, MINERVA  
1506 PINE AVE  
LEHIGH ACRES, FL 33972 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            VALDES, MINERVA  
Address        1506 PINE AVE  
City-State-Zip: LEHIGH ACRES FL 33972

*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:** MINERVA VALDES

P

03/07/2024

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

\_\_\_\_\_  
Date