

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000080304

**Entity Name:** HEIDY'S ABA THERAPY CORP.

**Current Principal Place of Business:**

8743 SW 9 TERR, SUITE 4  
MIAMI, FL 33174

**Current Mailing Address:**

8743 SW 9 TERR, SUITE 4  
MIAMI, FL 33174 US

**FEI Number:** 92-0780745

**Certificate of Status Desired:** Yes

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

HEIDY C MARTINEZ  
8743 SW 9 TERR, SUITE 4  
MIAMI, FL 33174 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	Title	VP
Name	HEIDY C MARTINEZ	Name	SANDRA SANTANA
Address	8743 SW 9 TERR, SUITE 4	Address	8743 SW 9 TERR, SUITE 4
City-State-Zip:	MIAMI FL 33174	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:** HEIDY C MARTINEZ

04/24/2023

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

\_\_\_\_\_ Date