

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000002219

**Entity Name:** FLEITES THERAPY SERVICES, CORP.

**Current Principal Place of Business:**

8390 NW 103ST  
203H  
HIALEAH, FL 33018

**Current Mailing Address:**

8390 NW 103ST  
203H  
HIALEAH, FL 33018 US

**FEI Number:** 92-1714881

**Certificate of Status Desired:** No

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

FLEITES ORDENANA, AILEN  
8390 NW 103ST  
203H  
HIALEAH, 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name FLEITES ORDENANA, AILEN  
Address 8390 NW 103ST APT 203H  
City-State-Zip: HIALEAH FL 33018

*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:** AILEN FLEITES ORDENANA

**OWNER**

**02/12/2024**

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

\_\_\_\_\_  
Date