

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000068644

**Entity Name:** THERAKIDS PLUS, INC.

**Current Principal Place of Business:**

16102 N. FLORIDA AVENUE  
LUTZ, FL 33549-6129

**Current Mailing Address:**

16102 N. FLORIDA AVENUE  
LUTZ, FL 33549-6129 US

**FEI Number:** 59-3527590

**Certificate of Status Desired:** No

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

COHEN, ROBERT F  
2918 BUSCHE LAKE BLVD  
TAMPA, FL 33614 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 MS.  
Name BOOTH, KIMBERLY  
Address 16102 N. FLORIDA AVENUE  
City-State-Zip: LUTZ FL 33549-6129

*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:** KIMBERLY K. BOOTH

**OWNER**

**04/28/2014**

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

\_\_\_\_\_ Date