

2017 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

04/06/2017

Electronic Signature of Signing Officer/Director Detail

Date