

**2023 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A20000000457

**Entity Name:** IMAGINATION PEDIATRICS THERAPY CENTER L.L.L.P.

**Current Principal Place of Business:**

8896-8898 SW 129TH TERRACE  
MIAMI, FL 33176

**Current Mailing Address:**

5330 SW 154 CT  
MIAMI, FL 33185 US

**FEI Number:** 85-3220829

**Certificate of Status Desired:** No

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

RODRIGUEZ, DELKIS  
16540 SW 102 CT  
MIAMI, FL 33157 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:** DELKIS RODRIGUEZ

04/29/2023

Electronic Signature of Registered Agent

Date

**General Partner Detail :**

Document #

Name CHACON, LAURA S

Address 5330 SW 154 CT

City-State-Zip: MIAMI FL 33185

Document #

Name RODRIGUEZ, DELKIS

Address 16540 SW 102 CT

City-State-Zip: MIAMI FL 33157

Document #

Name RODRIGUEZ BLANCO, HANOI

Address 10816 SW 243 ST

City-State-Zip: HOMESTEAD FL 33032

Document #

Name RODRIGUEZ LOPEZ, HANOI

Address 16540 SW 102 ST

City-State-Zip: MIAMI FL 33157

*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 a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HANOI RODRIGUEZ BLANCO

**PRESIDENT**

04/29/2023

Electronic Signature of Signing General Partner Detail

Date