

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000005934

Entity Name: ALL KIDS THERAPY CENTER INC

Current Principal Place of Business:

3401 NW 34TH ST
GAINESVILLE, FL 32605

Current Mailing Address:

3401 NW 34TH ST
GAINESVILLE, FL 32605

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARTER, IRA
3401 NW 34TH ST
GAINESVILLE, FL 32605 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 CARTER, IRA
Address 3401 NW 34TH ST
City-State-Zip: GAINESVILLE FL 32605

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: IRA CARTER

PRESIDENT

04/30/2025

Electronic Signature of Signing Officer/Director Detail

Date