

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H06389

**Entity Name:** CLAUDIA SENESAC, P.T. & ROBIN ANDERSEN, P.T.,  
PEDIATRIC PHYSICAL THERAPY - KIDS ON THE MOVE, P.A.

**FILED**  
**Feb 02, 2021**  
**Secretary of State**  
**7477710808CC**

**Current Principal Place of Business:**

1203 N.W. 16TH AVE.  
GAINESVILLE, FL 32601

**Current Mailing Address:**

1203 N.W. 16TH AVE.  
GAINESVILLE, FL 32601

**FEI Number: 59-2422363**

**Certificate of Status Desired: No**

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

SENESAC, CLAUDIA  
1203 NW 16TH AVE  
GAINESVILLE, FL 32601 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	DP	Title	DST
Name	CLAUDIA SENESAC	Name	ANDERSEN, ROBIN
Address	1203 NW 16TH AVE.	Address	1203 NW 16TH AVE.
City-State-Zip:	GAINESVILLE FL 32601	City-State-Zip:	GAINESVILLE FL 32601

*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: CLAUDIA R SENESAC**

**PRES**

**02/02/2021**

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

\_\_\_\_\_  
Date