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: KRYSTAL SCHOCH

Electronic Signature of Signing Officer/Director Detail

# Certificate of Status Desired: No

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.

	i ne above named entity submits this statement for the purpose of changing its registered onice or registered agent, or both, in the State of Fiorida.				
	SIGNATURE:	SIGNATURE: KRYSTAL SCHOCH			02/12/2025
		Electronic Signature of Registered Agent			Date
Officer/Director Detail :					
	Title I	PRESIDENT	Title	VP	
	Name S	SCHOCH, KRYSTAL	Name	HAUPT, NICOLE	
		15200 JOG ROAD SUITE B 8	Address	15200 JOG ROAD SUITE B 8	
	City-State-Zip: I	DELRAY BEACH FL 33446	City-State-Zip:	DELRAY BEACH FL 33446	

# 2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P09000027392

Entity Name: BOCA THERAPY INC

#### **Current Principal Place of Business:**

15200 JOG ROAD SUITE B 8 DELRAY BEACH, FL 33446

### **Current Mailing Address:**

15200 JOG ROAD SUITE B 8 DELRAY BEACH, FL 33446

### FEI Number: 61-1594944

## Name and Address of Current Registered Agent:

SCHOCH, KRYSTAL 15200 JOG ROAD SUITE B 8 DELRAY BEACH, FL 33446 US

02/12/2025

# FILED Feb 12, 2025 Secretary of State 5395385460CC

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