

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000064518

Entity Name: ULTIMATE PERFORMANCE HEALTH, P.A.**Current Principal Place of Business:**1388 NW BOCA RATON BLVD.
SUITE 3
BOCA RATON, FL 33432**Current Mailing Address:**PO BOX 1088
BOCA RATON, FL 33429 US**FEI Number:** 27-0658280**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POCES, DAVID K
1388 NW BOCA RATON BLVD
SUITE 3
BOCA RATON, FL 33432 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	PRESIDENT
Name	POCES, DAVID
Address	1388 NW BOCA RATON BLVD SUITE 3
City-State-Zip:	BOCA RATON FL 33432

Title	SECRETARY
Name	POCES, MICHELE
Address	1388 NW BOCA RATON BLVD SUITE 3
City-State-Zip:	BOCA RATON FL 33432

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: DAVID K. POCES

PRES.

03/08/2022

Electronic Signature of Signing Officer/Director Detail_____
Date