

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000051620

Entity Name: PRO THERAPY SLP SERVICES, INC.

Current Principal Place of Business:

521 NE 25TH AVE
OCALA, FL 34470

Current Mailing Address:

521 NE 25TH AVE
OCALA, FL 34470 US

FEI Number: 27-2886326

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MERCHANT, JEAN
4021 SE 38TH ST
OCALA, FL 34480 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 D
Name MERCHANT, JEAN
Address 4021 SE 38TH ST
City-State-Zip: Ocala FL 34480

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: JEAN A MERCHANT

D

01/20/2020

Electronic Signature of Signing Officer/Director Detail

Date