

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000100473

**Entity Name:** KIDS THERAPY PLACE INC

**Current Principal Place of Business:**

11910 NW 20TH STREET  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

11910 NW 20TH STREET  
PEMBROKE PINES, FL 33026 US

**FEI Number:** 45-3863773

**Certificate of Status Desired:** No

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

JIMENEZ, JOHANNA  
11910 NW 20TH STREET  
PEMBROKE PINES, FL 33026 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:** JOHANNA JIMENEZ

01/22/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name JIMENEZ, JOHANNA  
Address 11910 NW 20TH STREET  
City-State-Zip: PEMBROKE PINES FL 33026

Title S  
Name JIMENEZ, JOHANNA  
Address 11910 NW 20TH STREET  
City-State-Zip: PEMBROKE PINES FL 33026

*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:** JOHANNA JIMENEZ

**OFFICER/DIRECTOR**

01/22/2017

Electronic Signature of Signing Officer/Director Detail

Date