

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000067197

Entity Name: O.L. THERAPY INC

Current Principal Place of Business:

2168 NW 193 AVE
PEMBROKE PINES, FL 33029

Current Mailing Address:

2168 NW 193 AVE
PEMBROKE PINES, FL 33029 US

FEI Number: 46-3423373

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, OSVALDO
2168 NW 193 AVE
PEMBROKE PINES, FL 33029 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 P
Name PEREZ, OSVALDO
Address 2168 NW 193 AVE
City-State-Zip: PEMBROKE PINES FL 33029

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: OSVALDO PEREZ

PRESIDENT

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date