

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000095857

Entity Name: TREVOR MACLAREN PHYSICAL THERAPIST INC.

Current Principal Place of Business:

1606 WHITE CLOUD CT
WINTER SPRINGS, FL 32708

Current Mailing Address:

1606 WHITE CLOUD CT
WINTER SPRINGS, FL 32708

FEI Number: 46-4172912

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MACLAREN, TREVOR M
1606 WHITE CLOUD CT
WINTER SPRINGS, FL 32708 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 MACLAREN, TREVOR M
Address 1606 WHITE CLOUD CT
City-State-Zip: WINTER SPRINGS FL 32708

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: TREVOR MACLAREN

OWNER

02/11/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date