

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000096240

**Entity Name:** NPL THERAPY, INC.

**Current Principal Place of Business:**

5919 NW 56 CT  
TAMARAC, FL 33319

**Current Mailing Address:**

5919 NW 56 CT  
TAMARAC, FL 33319 US

**FEI Number:** 47-2456349

**Certificate of Status Desired:** No

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

PIERRE LOUIS, NADINE  
5919 NW 56 CT  
TAMARAC, FL 33319 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 PIERRE LOUIS, NADINE  
Address 5919 NW 56 CT  
City-State-Zip: TAMARAC FL 33319

*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:** NADINE PIERRE LOUIS

06/30/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date