

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000000711

Entity Name: SLS THERAPY, INC.

Current Principal Place of Business:

11011 SHERIDAN STREET, SUITE 211
COOPER CITY, FL 33026

Current Mailing Address:

11011 SHERIDAN STREET, SUITE 211
COOPER CITY, FL 33026

FEI Number: 26-2658500

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHNELL, RONALD S
11011 SHERIDAN STREET, SUITE 211
COOPER CITY, 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SCHNELL, STACI L
Address 11011 SHERIDAN STREET, SUITE 211
City-State-Zip: COOPER CITY FL 33026

Title VP
Name SCHNELL, RONALD S
Address 11011 SHERIDAN STREET, SUITE 211
City-State-Zip: COOPER CITY 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: RONALD SCHNELL

VP

01/29/2025

Electronic Signature of Signing Officer/Director Detail

Date