

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000010475

**Entity Name:** INTERPLAY THERAPY CENTER CORP.

**Current Principal Place of Business:**

1816 HEALTH CARE DRIVE  
TRINITY, FL 34655

**Current Mailing Address:**

1816 HEALTH CARE DRIVE  
TRINITY, FL 34655

**FEI Number: 81-1349889**

**Certificate of Status Desired:** No

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

JOHNSON, DANA L  
1816 HEALTH CARE DRIVE  
TRINITY, FL 34655 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 JOHNSON, DANA L  
Address 1816 HEALTH CARE DRIVE  
City-State-Zip: TRINITY FL 34655

Title VP  
Name JOHNSON, TODD A  
Address 1816 HEALTH CARE DR.  
City-State-Zip: TRINITY FL 34655

*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: DANA JOHNSON**

**PRESIDENT**

**04/18/2025**

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

\_\_\_\_\_  
Date