

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000035439

**Entity Name:** BIG BEAR THERAPY INSTITUTE, INC

**Current Principal Place of Business:**

9035 SUNSET DR.  
102  
MIAMI, FL 33173

**Current Mailing Address:**

9035 SUNSET DR.  
102  
MIAMI, FL 33173

**FEI Number:** 82-5105908

**Certificate of Status Desired:** No

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

YANCE, LUIS  
3412 WEST 84TH  
E106  
HIALEAH, FL 33018 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           | MGR                             |
| Name            | YANCE, LUIS                     |
| Address         | 3412 WEST 84TH STREET           |
| City-State-Zip: | HIALEAH FL 33018                |
| Title           | MGR                             |
| Name            | CARBONELL, ALEXEI               |
| Address         | 3412 WEST 84TH STREET STE #E106 |
| City-State-Zip: | HIALEAH FL 33018                |

|                 |                               |
|-----------------|-------------------------------|
| Title           | MGR                           |
| Name            | SUAREZ FERNANDEZ, JOSE CARLOS |
| Address         | 9833 SW 157TH CT              |
| City-State-Zip: | MIAMI FL 33196                |
| Title           | MGR                           |
| Name            | VEGA FERNANDEZ, JOHAN         |
| Address         | 3121 SW 140 AVE               |
| City-State-Zip: | MIAMI FL 33018                |

*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:** LUIS YANCE

**MANAGER**

**04/30/2019**

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

\_\_\_\_\_  
Date