# 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: MANDI L STONER

Electronic Signature of Signing Officer/Director Detail

## 2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P19000059352

#### Entity Name: MANDI'S PEDIATRIC PHYSICAL THERAPY INC

### **Current Principal Place of Business:**

320 LAGO CIRCLE #204 MELBOURNE, FL 32904

#### **Current Mailing Address:**

320 LAGO CIRCLE #204 MELBOURNE, FL 32904

#### FEI Number: 84-2606254

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

INCOME TAX & MORE 2800 AURORA RD SUITE C MELBOURNE, FL 32935 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

#### **Officer/Director Detail :**

Title	Р
Name	STONER, MANDI L
Address	320 LAGO CIRCLE
City-State-Zip:	MELBOURNE FL 32904

Date

### FILED Mar 15, 2023 Secretary of State 8389283453CC

Certificate of Status Desired: No

PRESIDENT

03/15/2023