

**2021 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

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

*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:** STONER , MANDI L

P

03/22/2021

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

\_\_\_\_\_  
Date