

2024 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:

1235 WATER LILY LANE
ROCKLEDGE , FL 32955 US

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 PORTER, 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: MANDI PORTER

PRESIDENT

03/18/2024

Electronic Signature of Signing Officer/Director Detail

Date