

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000083394

**Entity Name:** REGIONAL MED SPA THERAPY CENTER INC

**Current Principal Place of Business:**

8725 NW 18TH TER. SUITE 215  
MIAMI, FL 33172

**Current Mailing Address:**

8725 NW 18TH TER, SUITE 215  
MIAMI, FL 33172 US

**FEI Number:** 84-3599960

**Certificate of Status Desired:** No

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

MANUEL ROMERO  
8725 NW 18TH TER SUITE 215  
MIAMI, FL 33172 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 MANUEL ROMERO  
Address 8725 NW 18TH TERR SUITE 215  
City-State-Zip: MIAMI FL 33172

*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: MANUEL ROMERO**

**PRESIDENT**

**04/10/2025**

Electronic Signature of Signing Officer/Director Detail

Date