

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000012108

**Entity Name:** THERAPY GUARD INC.

**Current Principal Place of Business:**

4211 SW 104 AVE  
MIAMI, FL 33165

**Current Mailing Address:**

4211 SW 104 AVE  
MIAMI, FL 33165

**FEI Number: 84-4718345**

**Certificate of Status Desired: No**

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

CAMACHO RODRIGUEZ, IRALYS  
4211 SW 104 AVE  
MIAMI, FL 33165 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            CAMACHO RODRIGUEZ, IRALYS  
Address        4211 SW 104 AVE  
City-State-Zip: MIAMI FL 33165

*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: IRALYS CAMACHO RODRIGUEZ**

P

02/09/2021

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

\_\_\_\_\_  
Date