

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000041915

Entity Name: AILEEN THERAPY SERVICES INC

Current Principal Place of Business:

565 W 43RD PL
HIALEAH, FL 33012

Current Mailing Address:

565 W 43RD PL
HIALEAH, FL 33012

FEI Number: 85-1388178

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, QUIRENIA
565 W 43RD PL
HIALEAH, FL 33012 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 DP
Name GONZALEZ, QUIRENIA
Address 565 W 43RD PL
City-State-Zip: HIALEAH FL 33012

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: QUIRENIA GONZALEZ

02/04/2025

Electronic Signature of Signing Officer/Director Detail

Date