**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 22, 2025**
**Secretary of State**
**9563968836CC**

DOCUMENT# P21000022159

**Entity Name:** HEAL PHYSICAL THERAPY, INC

**Current Principal Place of Business:**

7270 NW 12 ST
SUITE 440
MIAMI, FL 33126

**Current Mailing Address:**

7270 NW 12 ST
SUITE 440
MIAMI, FL 33126 US

**FEI Number: 86-2558312**

**Certificate of Status Desired:** No

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

FLORES, IRAIMA
7270 NW 12 ST
SUITE 440
MIAMI, FL 33126 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: IRAIMA FLORES 04/22/2025

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | PD |
| Name | FLORES, IRAIMA |
| Address | 7270 NW 12 ST<br>SUITE 440 |
| City-State-Zip: | MIAMI FL 33126 |

*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: FLORES, IRAIMA P 04/22/2025

Electronic Signature of Signing Officer/Director Detail — Date