

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000082817

**Entity Name:** VITAMIN P THERAPY, INC.

**Current Principal Place of Business:**

1142 OLD OKEECHOBEE RD  
06  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1142 OLD OKEECHOBEE RD  
06  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 87-2830559

**Certificate of Status Desired:** No

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

PHILLIPS, TAYLOR L  
1142 OLD OKEECHOBEE RD  
06  
WEST PALM BEACH, FL 33401 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, D  
Name PHILLIPS, TAYLOR L  
Address 1142 OLD OKEECHOBEE RD  
06  
City-State-Zip: WEST PALM BEACH FL 33401

Title BUSINESS MANAGER  
Name PHILLIPS, ALEXANDER J  
Address 1142 OLD OKEECHOBEE RD  
06  
City-State-Zip: WEST PALM BEACH FL 33401

Title MANAGER  
Name ZOWNOREGA, JOSEPH  
Address 1142 OLD OKEECHOBEE RD  
06  
City-State-Zip: WEST PALM BEACH FL 33401

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:** JOSEPH ZOWNOREGA

**MANAGER**

**04/18/2025**

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

\_\_\_\_\_  
Date