## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000015209

Entity Name: AIG. THERAPY INC

**Current Principal Place of Business:** 

4201 SW HAGAPLAN ST PORT SAINT LUCIE. FL 34953

**Current Mailing Address:** 

4201 SW HAGAPLAN ST

PORT SAINT LUCIE. FL 34953 US

FEI Number: 88-0940889 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ URRA, ANA I 4201 SW HAGAPLAN ST PORT SAINT LUCIE, FL 34953 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

FILED Feb 20, 2024

**Secretary of State** 

5321841943CC

## Officer/Director Detail:

Title F

Name GONZALEZ URRA, ANA I Address 4201 SW HAGAPLAN ST

City-State-Zip: PORT SAINT LUCIE FL 34953

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.