

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000019523

**Entity Name:** MAP BEHAVIOR THERAPY INC

**Current Principal Place of Business:**

10363 N KENDALL DR  
C8  
MIAMI, FL 33176

**Current Mailing Address:**

10363 N KENDALL DR  
C8  
MIAMI, FL 33176

**FEI Number:** 88-0956136

**Certificate of Status Desired:** No

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

AGUSTI PEREZ, MARJORIE  
10363 N KENDALL DR  
C8  
MIAMI, FL 33176 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 AGUSTI PEREZ, MARJORIE  
Address 10363 N KENDALL DR C8  
City-State-Zip: MIAMI FL 33176

*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:** MARJORIE AGUSTI PEREZ

**PRESIDENT**

**04/12/2024**

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

\_\_\_\_\_  
Date