

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000079305

**Entity Name:** CARE4U THERAPY SERVICES CORP

**Current Principal Place of Business:**

869 SW 153RD PATH  
MIAMI, FL 33194

**Current Mailing Address:**

869 SW 153RD PATH  
MIAMI, FL 33194 US

**FEI Number:** 88-4218341

**Certificate of Status Desired:** Yes

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

MORALES, DAYMA  
869 SW 153RD PATH  
MIAMI, FL 33194 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 MORALES, DAYMA  
Address 869 SW 153RD PATH  
City-State-Zip: MIAMI FL 33194

*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:** DAYMA MORALES

02/09/2025

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

\_\_\_\_\_  
Date