

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000082974

Entity Name: MOGAL KIDS THERAPY CENTER INC.

Current Principal Place of Business:

4509 BEE RIDGE ROAD, UNIT E
SARASOTA, FL 34233

Current Mailing Address:

4509 BEE RIDGE ROAD, UNIT E
SARASOTA, FL 34233 US

FEI Number: 92-0911074

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22ND STREET, 4TH FLOOR
MIAMI, FL 33145 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 PD
Name YUSSET GALVEZ
Address 3920 BEERIDGE ROAD, UNIT BB
City-State-Zip: SARASOTA FL 34233

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: YUSSET GALVEZ

P

02/05/2024

Electronic Signature of Signing Officer/Director Detail

Date