

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000082974

**Entity Name:** MOGAL KIDS THERAPY CENTER INC.

**Current Principal Place of Business:**

3920 BEERIDGE ROAD, UNIT BB  
SARASOTA, FL 34233

**Current Mailing Address:**

3920 BEERIDGE ROAD, UNIT BB  
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

PD

02/07/2023

Electronic Signature of Signing Officer/Director Detail

Date