

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000090450

**Entity Name:** THERAPY AND UNIQUE HEALTH SOLUTIONS CORP.

**Current Principal Place of Business:**

1172 NW 134 PL  
MIAMI, FL 33182

**Current Mailing Address:**

1172 NW 134 PL  
MIAMI, FL 33182 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

ALMEIDA, LUIS  
1172 NW 134 PL  
MIAMI, FL 33182 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	Title	VP
Name	MENENDEZ, ARLETTE	Name	ALMEIDA, LUIS
Address	365 W 13 STREET	Address	1172 NW 134 PL
City-State-Zip:	HIALEAH FL 33013	City-State-Zip:	MIAMI FL 33182
Title	VP		
Name	ALMEIDA CARDOSO, LUIS		
Address	1172 NW 134 PL		
City-State-Zip:	MIAMI FL 33182		

*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:** ARLETTE MENENDEZ

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date