

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000000454

**Entity Name:** MIAMI DADE KID THERAPY CORP

**Current Principal Place of Business:**

29995 SW 157 PL,  
HOMESTEAD, FL 33033

**Current Mailing Address:**

29995 SW 157TH PL,  
HOMESTEAD, FL 33033

**FEI Number:** 92-1730985

**Certificate of Status Desired:** No

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

LOBAINA FERNANDEZ-RU, GISELLE  
29995 SW 157TH PL  
HOMESTEAD, FL 33033 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 LOBAINA FERNANDEZ-RU, GISELLE  
Address 299995 SW 157TH PL  
City-State-Zip: HOMESTEAD FL 33033

*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:** GISELLE LOBAINA FERNANDEZ-RU

P

02/19/2025

Electronic Signature of Signing Officer/Director Detail

Date