

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000051102

**Entity Name:** PELVIC HEALTH PROFESSIONALS CORP

**Current Principal Place of Business:**

8817 SOUTHERN ORCHARD ROAD N  
DAVIE, FL 33328

**Current Mailing Address:**

8817 SOUTHERN ORCHARD ROAD NORTH  
DAVIE, FL 33328 US

**FEI Number:** 99-1804433

**Certificate of Status Desired:** No

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

YOUNG, SANDRA  
8817 SOUTHERN ORCHARD ROAD N  
DAVIE, FL 33328 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 YOUNG, SANDRA  
Address 8817 SOUTHERN ORCHARD ROAD  
NORTH  
City-State-Zip: DAVIE FL 33328

*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:** SANDRA ESTHER YOUNG

03/07/2025

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

\_\_\_\_\_  
Date