

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000088609

**Entity Name:** SOUTHERN OCCUPATIONAL THERAPY PRODUCTS, INC.

**Current Principal Place of Business:**

2104 NW 22 AVE  
#112  
STUART, FL 34994

**Current Mailing Address:**

2104 N. W. 22 AVENUE  
#112  
STUART, FL 34994

**FEI Number:** 65-0958678

**Certificate of Status Desired:** No

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

FAHERTY, CARON  
2104 N. W. 22 AVENUE  
#112  
STUART, FL 34994 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 FAHERTY, CARON A  
Address 2104 N. W. 22 AVENUE, #112  
City-State-Zip: STUART FL 34994

*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:** CARON FAHERTY

**PRESIDENT**

**04/07/2022**

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

\_\_\_\_\_  
Date