

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V16443

**Entity Name:** SUZANNE M. SPINNER THERAPIST, INC.

**Current Principal Place of Business:**

3520 OAKS WAY  
207  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

3520 OAKS WAY  
207  
POMPANO BEACH, FL 33069

**FEI Number:** 65-0314732

**Certificate of Status Desired:** No

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

SPINNER, SUZANNE M.  
3520 OAKS WAY  
#207  
POMPANO BEACH, FL 33069 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 PSD  
Name SPINNER, SUZANNE  
Address 3520 OAKS, #207  
City-State-Zip: POMPAN BEACH FL 33069

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:** SUZANNE M SPINNER

**PRESIDENT**

**03/03/2021**

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

\_\_\_\_\_  
Date