

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000001294

**Entity Name:** HEALTH CARE 4 ALL, INC.

**Current Principal Place of Business:**

5449 S. SEMORAN BLVD  
HOFFNER CENTER SUITE 216 A/B  
ORLANDO, FL 32822

**Current Mailing Address:**

5449 S. SEMORAN BLVD.  
SUITE 216 A/B  
ORLANDO, FL 32827 US

**FEI Number:** 86-1990294

**Certificate of Status Desired:** No

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

LAW OFFICE OF CARLOS A. ROMERO, JR., P.A.  
804 S DOUGLAS RD STE 365  
CORAL GABLES, FL 33134 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 D  
Name CRUZ-DOMINICCI, FERNANDO LUIS  
Address 804 S DOUGLAS RD STE 365  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name PICO-VALLS, ARTURO RAFAEL  
Address 804 S DOUGLAS RD STE 365  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name CRUZ-SIERRA, KORALE  
Address 804 S DOUGLAS RD STE 365  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name BANCHS-SANDOVAL, NILDA E  
Address 804 S DOUGLAS RD STE 365  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name TORRES, NORIS  
Address 14051 CENTERLINE DR  
City-State-Zip: ORLANDO FL 32827

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CRUZ-DOMINICCI , FERNANDO LUIS

**DIRECTOR**

**01/09/2024**

Electronic Signature of Signing Officer/Director Detail

Date