

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000039011

**FILED**  
**Apr 23, 2019**  
**Secretary of State**  
**7253335203CC**

**Entity Name:** LIZI HOME CARE ALF CORPORATION

**Current Principal Place of Business:**

2820 SW 131ST PLACE  
MIAMI, FL 33175

**Current Mailing Address:**

2820 SW 131ST PLACE  
MIAMI, FL 33175

**FEI Number:** 65-1002352

**Certificate of Status Desired:** No

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

SUAREZ, MERCEDES  
1302 SW 150 AVE.  
MIAMI, FL 33194 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	Title	VP
Name	SUAREZ, MERCEDES	Name	SUAREZ, RAUL
Address	1302 SW 150 AVE	Address	8116 SW 158 CT
City-State-Zip:	MIAMI FL 33194	City-State-Zip:	MIAMI FL 33193

*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:** SUAREZ MERCEDES

P

04/23/2019

Electronic Signature of Signing Officer/Director Detail

Date