

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000005982

**Entity Name:** A & A HEALTH SERVICE, INC.

**Current Principal Place of Business:**

3408 W 84 ST  
BUILDING G, SUITE 204  
HIALEAH, FL 33018

**Current Mailing Address:**

3408 W 84 ST  
BUILDING G, SUITE 204  
HIALEAH, FL 33018 US

**FEI Number:** 33-0993294

**Certificate of Status Desired:** No

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

CABRERA, BLANCA D  
2611 52 ND AVE NE  
NAPLES, FL 34120 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	Title	VTD
Name	CABRERA, BLANCA D	Name	DELGADO, MARICELA
Address	2611 52 ND AVE NE	Address	8930 NW 181 ST
City-State-Zip:	NAPLES FL 34120	City-State-Zip:	HIALEAH FL 33018

*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:** BLANCA D CABRERA

**PRESIDENT**

**04/13/2023**

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

\_\_\_\_\_  
Date