

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000123967

**Entity Name:** FLORIDA HEALTH SERVICES AND ASSOCIATES INC

**Current Principal Place of Business:**

8600 N.W. S. RIVER DR.  
SUITE 121  
MEDLEY, FL 33166

**Current Mailing Address:**

8600 N.W. S. RIVER DR.  
SUITE 121  
MEDLEY, FL 33166 US

**FEI Number:** 20-3444078

**Certificate of Status Desired:** No

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

VELASCO, NESTOR  
8600 N.W. S. RIVER DR.  
SUITE 121  
MEDLEY, FL 33166 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:** NESTOR VELASCO

04/30/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name VELASCO, NESTOR  
Address 8600 N.W. S. RIVER DR.  
SUITE 121  
City-State-Zip: MEDLEY FL 33166

*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:** NESTOR VELASCO

PRESIDENT

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date