

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000008755

**Entity Name:** EL PASEO SENIOR CARE CENTER, CORP.

**Current Principal Place of Business:**

1390 NW 7 STREET  
2ND FLOOR  
MIAMI, FL 33125

**Current Mailing Address:**

1390 NW 7 STREET  
2ND FLOOR  
MIAMI, FL 33125 US

**FEI Number:** 47-2954444

**Certificate of Status Desired:** No

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

BARROS, MONICA K  
1390 NW 7 STREET  
2ND FLOOR  
MIAMI, FL 33125 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            | BARROS, MONICA K   | Name            | MORELL CRUZ, MARITZA C |
| Address         | 1761 SW 24 TERRACE | Address         | 1761 SW 24 TERRACE     |
| City-State-Zip: | MIAMI FL 33145     | City-State-Zip: | MIAMI FL 33145         |

*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:** MONICA K BARROS

**CEO**

**02/07/2018**

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

\_\_\_\_\_  
Date