

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000045126

**Entity Name:** DAIRA HEALTH SERVICES CORP

**Current Principal Place of Business:**

800 NE 12TH AVENUE  
APT I-245  
HOMESTEAD, FL 33030

**Current Mailing Address:**

800 NE 12TH AVENUE  
APT I-245  
HOMESTEAD, FL 33030 US

**FEI Number:** 47-4091217

**Certificate of Status Desired:** No

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

PEREZ, BLANCA R  
800 NE 12TH AVENUE  
APT I-245  
HOMESTEAD, FL 33030 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  
Name PEREZ, BLANCA R  
Address 800 NE 12TH AVENUE APT. I-245  
City-State-Zip: HOMESTEAD FL 33030

Title VP  
Name TORRES PEREA, JALIUD  
Address 800 NE 12TH AVENUE APT. I-245  
City-State-Zip: HOMESTEAD FL 33030

Title TREASURER  
Name GONZALEZ PEREZ, DAIRANELYS  
Address 22605 SW 102 CT  
City-State-Zip: CUTLER BAY FL 33190

*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 PEREZ

**PRESIDENT**

**03/22/2017**

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

\_\_\_\_\_  
Date