

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000035222

**Entity Name:** AUTISM HEALTH CARE SERVICES INC

**Current Principal Place of Business:**

15395 SW 73RD TER CIR APT 5  
MIAMI, FL 33193

**Current Mailing Address:**

15395 SW 73RD TER CIR APT 5  
MIAMI, FL 33193 US

**FEI Number: 81-2332908**

**Certificate of Status Desired: No**

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

RAMIREZ PEREZ, RENE  
15395 SW 73RD TER CIR APT 5  
MIAMI, FL 33193 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 RAMIREZ PEREZ, RENE  
Address 15395 SW 73RD TER CIR APT 5  
City-State-Zip: MIAMI FL 33193

Title VP  
Name FORTUN LOPEZ, ALBERTO  
Address 15395 SW 73RD TER CIR APT 5  
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: RENE RAMIREZ PEREZ**

**PRESIDENT**

**02/04/2019**

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

\_\_\_\_\_  
Date