

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000037717

**Entity Name:** LALCEBO HEALTH SERVICES INC.

**Current Principal Place of Business:**

845 W 75 ST  
201  
HIALEAH, FL 33014

**Current Mailing Address:**

845 W 75 ST  
201  
HIALEAH, FL 33014 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LALCEBO, MAYULI  
845 W 75 ST  
201  
HIALEAH, FL 33014 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	LALCEBO, ELIO	Name	LALCEBO, MAYULI
Address	845 W 75 ST APT. 201	Address	845 W 75 ST APT. 201
City-State-Zip:	HIALEAH FL 33014	City-State-Zip:	HIALEAH FL 33014

*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:** MAYULI LALCEBO

**MRS.**

**03/03/2017**

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

\_\_\_\_\_  
Date