

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000002840

**Entity Name:** ALLSTATE HEALTH SERVICES, INC

**Current Principal Place of Business:**

5282 GOLDEN GATE PARKWAY  
SUITE C  
NAPLES, FL 34116

**Current Mailing Address:**

5282 GOLDEN GATE PARKWAY  
SUITE C  
NAPLES, FL 34116

**FEI Number:** 81-5076573

**Certificate of Status Desired:** Yes

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

AYALA, RAISA M  
741 EVERGLADES BLVD S  
NAPLES, FL 34117 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            PRESIDENT  
Name            GOMEZ RODRIGUEZ, RACIEL  
Address        8821 MADRID CIR  
City-State-Zip: NAPLES FL 34104

Title            PRESIDENT  
Name            FONSECA FIGUERAS, WALFRIDO  
Address        3567 6TH AVE SE  
City-State-Zip: NAPLES FL 34117

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:** WALFRIDO FONSECA FIGUERAS

**PRESIDENT**

**02/02/2024**

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

\_\_\_\_\_  
Date