

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000040676

**Entity Name:** ALFA NURSING SERVICES INCORPORATED

**Current Principal Place of Business:**

1500 NW 89TH CT  
STE 205  
DORAL, FL 33172

**Current Mailing Address:**

1500 NW 89TH CT  
STE 205  
DORAL, FL 33172 US

**FEI Number:** 82-0648425

**Certificate of Status Desired:** No

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

VARELA, IDANIA L  
1500 NW 89TH CT  
STE 205  
DORAL, FL 33166 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:** IDANIA L VARELA

03/08/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HOLGUIN ESCOBAR, LORENZO  
Address        1500 NW 89TH CT  
                  STE 205  
City-State-Zip: DORAL FL 33172

Title            VP  
Name            LEON, NICOLE  
Address        1500 NW 89 CT  
                  STE 205  
City-State-Zip: DORAL FL 33172

Title            TREASURER  
Name            JANET L , GONZALEZ  
Address        1500 NW 89TH CT  
                  STE 205  
City-State-Zip: DORAL FL 33172

Title            DIRECTOR  
Name            IDANIA , VARELA  
Address        1500 NW 89TH CT  
                  STE 205  
City-State-Zip: DORAL FL 33172

*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:** IDANIA VARELA

**DIRECTOR**

03/08/2023

Electronic Signature of Signing Officer/Director Detail

Date