

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000074379

**Entity Name:** 1 CAPITAL HEALTH CORP

**Current Principal Place of Business:**

2300 NW 94 AVE - STE. 204  
DORAL, FL 33172

**Current Mailing Address:**

2300 NW 94 AVE - STE. 204  
DORAL, FL 33172 US

**FEI Number:** 82-2771171

**Certificate of Status Desired:** No

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

RODRIGUEZ-LOPEZ, SONIA RITA  
2300 NW 94 AVE - STE. 204  
DORAL, FL 33172 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 DIRECTOR  
Name RODRIGUEZ, SONIA  
Address 2300 NW 94 AVE - STE. 204  
City-State-Zip: DORAL FL 33172

Title PVPS  
Name RODRIGUEZ LOPEZ, SONIA RITA  
Address 300 NW 94 AVE SUITE 204  
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:** SONIA R RODRIGUEZ

**PRESIDENT**

**03/07/2023**

Electronic Signature of Signing Officer/Director Detail

Date