

2021 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	VP
Name	RODRIGUEZ-LOPEZ, SONIA RITA
Address	2300 NW 94 AVE - STE. 204
City-State-Zip:	DORAL FL 33172

Title	PRESIDENT
Name	FLORES, KARLA V
Address	2300 NW 94 AVE - STE. 204
City-State-Zip:	DORAL FL 33172

Title	SECRETARY
Name	FLORES, KARLA V
Address	2300 NW 94 AVE - STE. 204
City-State-Zip:	DORAL FL 33172

Title	DIRECTOR
Name	RODRIGUEZ, SONIA
Address	2300 NW 94 AVE - STE. 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: RODRIGUEZ-LOPEZ , SONIA RITA

VP

04/27/2021

Electronic Signature of Signing Officer/Director Detail_____
Date