

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000089581

**Entity Name:** AIDITA HEALTHCARE, CORP.

**Current Principal Place of Business:**

23065 SW 113 PASSAGE  
MIAMI, FL 33170

**Current Mailing Address:**

23065 SW 113 PASSAGE  
MIAMI, FL 33170

**FEI Number:** 82-3392835

**Certificate of Status Desired:** No

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

MARMOL, AIDA  
23065 SW 113 PASSAGE``  
MIAMI, FL 33170 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  
Name MARMOL, AIDA  
Address 23065 SW 113 PASSAGE  
City-State-Zip: MIAMI FL 33170

Title VP  
Name MARMOL, AIDA  
Address 23065 SW 113 PASSAGE  
City-State-Zip: MIAMI FL 33170

Title S  
Name MARMOL, AIDA  
Address 23065 SW 113 PASSAGE  
City-State-Zip: MIAMI FL 33170

Title T  
Name MARMOL, AIDA  
Address 23065 SW 113 PASSAGE  
City-State-Zip: MIAMI FL 33170

*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:** AIDA MARMOL

**PRESIDENT**

**03/14/2024**

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

\_\_\_\_\_  
Date