

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000088173

**Entity Name:** RUIZ NURSING SERVICES INC

**Current Principal Place of Business:**

3590 PIAZZA DRIVE  
109  
FORT MYERS, FL 33916

**Current Mailing Address:**

3590 PIAZZA DRIVE  
109  
FORT MYERS, FL 33916 US

**FEI Number:** 83-2349789

**Certificate of Status Desired:** No

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

RUIZ ROSA, ARIANA  
3590 PIAZZA DRIVE  
109  
FORT MYERS, FL 33916 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 RUIZ ROSA, ARIANA  
Address 3590 PIAZZA DRIVE #109  
City-State-Zip: FORT MYERS FL 33916

*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:** ARIANA RUIZ ROSA

P

04/19/2024

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

\_\_\_\_\_  
Date