

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000094437

**Entity Name:** ASCENT CARE SOLUTIONS, INC.

**Current Principal Place of Business:**

4707 WEST GANDY BLVD  
UNIT 10 SUITE B TAMPA  
RIVERVIEW, FL 33611

**Current Mailing Address:**

6206 GONDOLA DR  
RIVERVIEW, FL 33578

**FEI Number:** 83-2574351

**Certificate of Status Desired:** No

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

ANGELES, HERNANI  
6206 GONDOLA DR  
RIVERVIEW, FL 33578 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 D  
Name ANGELES, HERNANI  
Address 6206 GONDOLA DR  
City-State-Zip: RIVERVIEW FL 33578

Title D  
Name LOPEZ, MINNIE  
Address 6080 DENVER ST N  
City-State-Zip: ST PETERSBURG FL 33703

*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:** HERNANI ANGELES

01/31/2021

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

\_\_\_\_\_ Date