

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000062231

Entity Name: DR. AVILA'S CARE SERVICES, INC

Current Principal Place of Business:

10632 SW 21 LN
MIAMI, FL 33165

Current Mailing Address:

10632 SW 21 LN
MIAMI, FL 33165

FEI Number: 84-2741077

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AVILA, MARILU
10632 SW 21LN
MIAMI, FL 33165 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 AVILA, MARILU
Address 10632 SW 21LN
City-State-Zip: MIAMI FL 33165

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: MARILU AVILA _____

P

04/12/2021

Electronic Signature of Signing Officer/Director Detail

_____ Date