

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000016367

**Entity Name:** STAIRS HEALTHCARE CORPORATION

**Current Principal Place of Business:**

7275 SW 90TH WAY  
604  
MIAMI, FL 33156

**Current Mailing Address:**

7275 SW 90TH WAY  
604  
MIAMI, FL 33156

**FEI Number:** 84-4850624

**Certificate of Status Desired:** No

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

SELECTA CONSULTING FIRM LLC  
14261 SW 120TH ST  
STE 108 -2000  
MIAMI, FL 33186 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:** DOMENICO LA MORGIA

03/13/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name LA MORGIA, DOMENICO SR.  
Address 7275 SW 90TH WAY  
City-State-Zip: MIAMI FL 33156

Title CHIEF MEDICAL OFFICER  
Name RIVAS, JESSICA DR.  
Address 7275 SW 90TH WAY  
City-State-Zip: MIAMI FL 33156

*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:** DOMENICO LA MORGIA

EXECUTIVE DIRECTOR

03/13/2023

Electronic Signature of Signing Officer/Director Detail

Date