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

PRESIDENT

04/25/2024 Date

604

Entity Name: STAIRS HEALTHCARE CORPORATION

MIAMI, FL 33156

7275 SW 90TH WAY

Current Mailing Address: 7275 SW 90TH WAY

604 MIAMI, FL 33156

FEI Number: 84-4850624

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.

		0	0, ,	
SIGNATURE:	DOMENICO LA MORGIA			04/25/2024
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title E	EXECUTIVE DIRECTOR	Title	CHIEF MEDICAL OFFICER	
Name L	LA MORGIA, DOMENICO SR.	Name	RIVAS, JESSICA DR.	
Address 7	7275 SW 90TH WAY	Address	7275 SW 90TH WAY	
City-State-Zip: N	MIAMI FL 33156	City-State-Zip:	MIAMI FL 33156	

Certificate of Status Desired: No

FILED Apr 25, 2024 Secretary of State 1040589616CC

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000016367

Current Principal Place of Business: