

**2021 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:** Yes

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

LA MORGIA GROSSO, DOMENICO D SR  
7275 SW 90TH WAY  
604  
MIAMI, FL 33156 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 LA MORGIA, DOMENICO D SR.  
Address 7275 SW 90TH WAY APT 604  
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**

**02/15/2021**

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

\_\_\_\_\_  
Date