

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000023790

**Entity Name:** RUIZ HEALTH CARE CORP.

**Current Principal Place of Business:**

2953 W 80TH STREET  
204  
HIALEAH, FL 33018

**Current Mailing Address:**

2953 W 80TH STREET  
204  
HIALEAH, FL 33018

**FEI Number:** 85-0507970

**Certificate of Status Desired:** No

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

RUIZ PEREZ, KATIUSKA  
2953 W 80TH STREET  
204  
HIALEAH, FL 33018 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 RUIZ PEREZ, KATIUSKA  
Address 2953 W 80TH ST APT 204  
City-State-Zip: HIALEAH FL 33018

*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:** KATIUSKA RUIZ PEREZ

HHA

03/11/2021

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

\_\_\_\_\_  
Date