

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000044247

**Entity Name:** A&A HEALTHCARE CENTER CORP

**Current Principal Place of Business:**

2255 GLADES ROAD  
SUITE 324A  
BOCA RATON, FL 33431

**Current Mailing Address:**

55 SW 9TH STREET  
APT. # 4409  
MIAMI, FL 33130 US

**FEI Number:** 85-1493991

**Certificate of Status Desired:** Yes

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

ALFONSO, ERICH  
55 SW 9TH STREET  
APT. # 4409  
MIAMI, FL 33130 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 ALFOSNO, ERICH  
Address 55 SW 9TH STREET, APT. # 4409  
City-State-Zip: MIAMI FL 33130

*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:** ALFOSNO, ERICH

**PRESIDENT**

**03/16/2021**

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

\_\_\_\_\_  
Date