

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000083638

**Entity Name:** MARITZA HEALTH SERVICES CORP

**Current Principal Place of Business:**

3580 NE 5 ST  
APT 106  
HOMESTEAD, FL 33033

**Current Mailing Address:**

3580 NE 5 ST  
APT 106  
HOMESTEAD, FL 33033

**FEI Number:** 85-3657345

**Certificate of Status Desired:** No

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

ARANGO, MARITZA  
3580 NE 5 ST  
APT106  
HOMESTEAD, FL 33033 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 ARANGO, MARITZA  
Address 3580 NE 5 ST APT 106  
City-State-Zip: HOMESTEAD FL 33033

*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:** MARITZA ARANGO

P

04/14/2021

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

\_\_\_\_\_  
Date