

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000041588

**Entity Name:** EZ HEALTHCARE ASSOCIATES INC.**Current Principal Place of Business:**8205 NW 12 ST  
UNIT 4  
DORAL, FL 33126**Current Mailing Address:**8205 NW 12 ST  
UNIT 4  
DORAL, FL 33126 US**FEI Number:** 86-3840404**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RODRIGUEZ, ANDRES  
8205 NW 12 ST  
UNIT 4  
DORAL, FL 33126 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	PTS
Name	RODRIGUEZ, ANDRES
Address	8205 NW 12 ST UNIT 4
City-State-Zip:	DORAL FL 33126

Title	VD
Name	RODRIGUEZ, DANAY MERCEDES
Address	8205 NW 12 ST UNIT 4
City-State-Zip:	DORAL FL 33126

Title	VD
Name	GOMEZ, MARTIN
Address	8205 NW 12 ST UNIT 4
City-State-Zip:	DORAL FL 33126

Title	VD
Name	LOPEZ, YUL MARIETTA
Address	8205 NW 12 ST UNIT 4
City-State-Zip:	DORAL FL 33126

*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:** MARTIN GOMEZ**PRESIDENT****06/23/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date