

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000071625

**Entity Name:** ADVANCE NURSING CARE INC

**Current Principal Place of Business:**

11401 SW 40 ST  
SUITE 312  
MIAMI, FL 33165

**Current Mailing Address:**

11401 SW 40 ST  
SUITE 312  
MIAMI, FL 33165 US

**FEI Number:** 87-2148793

**Certificate of Status Desired:** No

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

DIEGO MARTINEZ, CLAUDIA M  
4605 SW 165 AVE  
MIAMI, FL 33185 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:** CLAUDIA DIEGO MARTINEZ

01/25/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name DIEGO MARTINEZ, CLAUDIA M  
Address 4605 SW 165 AVE  
City-State-Zip: MIAMI FL 33185

Title VP  
Name MARTINEZ DUENAS, ALINA R  
Address 9822 SW 145TH CT  
City-State-Zip: MIAMI FL 33186

*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:** CLAUDIA M DIEGO MARTINEZ

PRESIDENT

01/25/2024

Electronic Signature of Signing Officer/Director Detail

Date