

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000101657

**Entity Name:** PROLOVE HOME HEALTH, CORP

**Current Principal Place of Business:**

12811 KENWOOD LN  
SUITE 114  
FORT MYERS, FL 33907

**Current Mailing Address:**

612 WILMINGTON PKWY  
CAPE CORAL FL 33993, FL 33993 US

**FEI Number: 87-3989883**

**Certificate of Status Desired:** No

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

VERA DIAZ, LUIS  
612 WILMINGTON PKWY  
CAPE CORAL FL 33993, FL 33993 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	Title	VP
Name	VERA DIAZ, LUIS	Name	AYALA YERA, DAMARYS
Address	612 WILMINGTON PKWY	Address	612 WILMINGTON PKWY
City-State-Zip:	CAPE CORAL FL 33993 FL 33993	City-State-Zip:	CAPE CORAL FL 33993

*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: LUIS VERA DIAZ**

**PRESIDENT**

**04/30/2023**

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

\_\_\_\_\_  
Date