

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000041481

**Entity Name:** ANGELENE HEALTH CORPORATION

**Current Principal Place of Business:**

9300 WEST FLAGLER STREET  
106  
MIAMI, FL 33174

**Current Mailing Address:**

9300 WEST FLAGLER STREET  
106  
MIAMI, FL 33174 US

**FEI Number:** 88-2537164

**Certificate of Status Desired:** No

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

VALECILLO, MARIO  
9300 WEST FLAGLER STREET  
106  
MIAMI, FL 33174 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 VALLECILLO, MARIO  
Address 9300 WEST FLAGLER STREET STE  
106  
City-State-Zip: MIAMI FL 33174

Title D  
Name ALBIR, EMELDA  
Address 9300 WEST FLAGLER STREET STE  
106  
City-State-Zip: MIAMI FL 33174

*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:** MARIO VALLECILLO

**PRESIDENT**

**04/11/2023**

Electronic Signature of Signing Officer/Director Detail

Date