

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000047635

**Entity Name:** ANGEL'S PROFESSIONAL CARE INC

**Current Principal Place of Business:**

24714 STATE ROAD 54  
LUTZ, FL 33559

**Current Mailing Address:**

24714 STATE ROAD 54  
LUTZ, FL 33559 US

**FEI Number:** 88-2815273

**Certificate of Status Desired:** No

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

ROJAS, MICHEL  
24714 STATE ROAD 54  
LUTZ, FL 33559 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            PRES  
Name            ROJAS, MICHEL  
Address        24714 STATE ROAD 54  
City-State-Zip: LUTZ FL 33559

Title            VP  
Name            PEREZ, DAMARYS  
Address        24714 STATE ROAD 54  
City-State-Zip: LUTZ FL 33559

Title            TREA  
Name            ROJAS, MICHEL  
Address        24714 STATE ROAD 54  
City-State-Zip: LUTZ FL 33559

Title            SEC  
Name            PEREZ, DAMARYS  
Address        24714 STATE ROAD 54  
City-State-Zip: LUTZ FL 33559

*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:** DAMARYS PEREZ

**VICE PRESIDENT**

**04/05/2023**

Electronic Signature of Signing Officer/Director Detail

Date