

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000022995

**Entity Name:** ORTIZ HOME PATIENT SERVICES, INC

**Current Principal Place of Business:**

3140 NW 42ND STREET  
APT 202  
MIAMI, FL 33142

**Current Mailing Address:**

3140 NW 42ND STREET  
APT 202  
MIAMI, FL 33142

**FEI Number:** 92-3381127

**Certificate of Status Desired:** No

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

ORTIZ, MARIA  
3140 NW 42ND STREET  
APT 202  
MIAMI, FL 33142 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            ORTIZ, MARIA  
Address        3140 NW 42ND ST APT 202  
City-State-Zip: MIAMI FL 33142

Title            TR  
Name            ORTIZ, MARIA  
Address        3140 NW 42ND ST APT 202  
City-State-Zip: MIAMI FL 33142

*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:** MARIA ORTIZ

**PRESIDENT**

**04/13/2024**

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

\_\_\_\_\_  
Date