

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000069714

**Entity Name:** ARS HEALTH SERVICES CORP

**Current Principal Place of Business:**

5102 NW 36TH ST.  
APT 402  
LAUDERDALE LAKES, FL 33319

**Current Mailing Address:**

5102 NW 36TH ST.  
APT 402  
LAUDERDALE LAKES, FL 33319 US

**FEI Number:** 93-3668489

**Certificate of Status Desired:** No

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

ROJAS, ANDRE  
5102 NW 36TH ST.  
APT 402  
LAUDERDALE LAKES, FL 33319 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 ROJAS, ANDRE  
Address 5102 NW 36TH ST. APT 402  
City-State-Zip: LAUDERDALE LAKES FL 33319

*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:** ANDRE ROJAS

**PRESIDENT**

**03/02/2024**

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

\_\_\_\_\_  
Date