

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000070077

**Entity Name:** DADE HEALTH, INC

**Current Principal Place of Business:**

240 E 1ST AVE  
STE 209  
HIALEAH, FL 33010

**Current Mailing Address:**

240 E 1ST AVE  
STE 209  
HIALEAH, FL 33010

**FEI Number:** 93-3694565

**Certificate of Status Desired:** No

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

DADE TAX CONSULTING, LLC  
240 E 1ST AVE  
STE 209  
HIALEAH, FL 33010 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	FELIPE, DANIEL	Name	RODRIGUEZ, ELIZABETH
Address	240 E 1ST AVE STE 209	Address	240 E 1ST AVE STE 29
City-State-Zip:	HIALEAH FL 33010	City-State-Zip:	HIALEAH FL 33010

*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:** DANIEL FELIPE

P

01/12/2024

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

\_\_\_\_\_  
Date