

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000086073

**Entity Name:** ST. SOPHIA NURSING CARE, CORPORATION

**Current Principal Place of Business:**

702 SW 57 AVE  
MIAMI, FL 33144

**Current Mailing Address:**

702 SW 57 AVE  
MIAMI, FL 33144 US

**FEI Number:** 26-3392622

**Certificate of Status Desired:** No

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

GUTIERREZ, DEYANIRA  
4760 SW 143 AVENUE  
MIAMI, FL 33175 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            GUTIERREZ, DEYANIRA  
Address        4760 SW 143 AVENUE  
City-State-Zip: MIAMI FL 33175

*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:** DEYANIRA GUTIERREZ

**MANAGER**

**01/22/2023**

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

\_\_\_\_\_ Date