

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000008017

**Entity Name:** ADRIAN HOME HEALTH CARE INC.

**Current Principal Place of Business:**

9560 SW 107 AVENUE  
STE 108 BLDG A  
MIAMI, FL 33176-2790

**Current Mailing Address:**

9560 SW 107 AVENUE  
STE 108 BLDG A  
MIAMI, FL 33176-2790 US

**FEI Number:** 37-1578560

**Certificate of Status Desired:** No

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

RAURELL, RAFAEL  
9560 SW 107 AVENUE # 108  
MIAMI, FL 33176 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	VPD
Name	RAURELL, RAFAEL	Name	PEREZ, LESLYE
Address	9560 SW 107 AVENUE # 108	Address	9560 SW 107 AVENUE # 108
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176

*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:** RAFAEL RAURELL

P

01/23/2023

Electronic Signature of Signing Officer/Director Detail

Date