

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000042832

**Entity Name:** A PLACE FOR YOU ADULT DAY CARE AND REHAB CENTER CORP.

**FILED**  
**Apr 27, 2023**  
**Secretary of State**  
**8599371714CC**

**Current Principal Place of Business:**

3678 S CONGRESS AVE  
PALM SPRINGS, FL 33461

**Current Mailing Address:**

3678 S CONGRESS AVE  
PALM SPRINGS, FL 33461 US

**FEI Number:** 46-2790084

**Certificate of Status Desired:** No

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

GONZALEZ, YONIEL  
3678 S CONGRESS AVE  
PALM SPRINGS, FL 33461 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:** YONIEL GONZALEZ

04/27/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                       |                 |                       |
|-----------------|-----------------------|-----------------|-----------------------|
| Title           | P                     | Title           | SECRETARY             |
| Name            | GONZALEZ, YONIEL      | Name            | GOZALEZ, YONIEL       |
| Address         | 3678 S CONGRESS AVE   | Address         | 3678 S CONGRESS AVE   |
| City-State-Zip: | PALM SPRINGS FL 33461 | City-State-Zip: | PALM SPRINGS FL 33461 |

*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:** YONIEL GONZALEZ

**PRESIDENT**

04/27/2023

Electronic Signature of Signing Officer/Director Detail

Date