

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000009634

**Entity Name:** SOCARRAS INTENSIVE CARE CORP

**Current Principal Place of Business:**

27620 SW 170TH AVE  
HOMESTEAD, FL 33031

**Current Mailing Address:**

27620 SW 170TH AVE  
HOMESTEAD, FL 33031 US

**FEI Number: 81-1333838**

**Certificate of Status Desired:** No

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

SOCARRAS, INGRID  
27620 SW 170TH AVE  
HOMESTEAD, FL 33031 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            | SOCARRAS, INGRID   | Name            | SOCARRAS, OSCAR    |
| Address         | 27620 SW 170TH AVE | Address         | 27620 SW 170TH AVE |
| City-State-Zip: | HOMESTEAD FL 33031 | City-State-Zip: | HOMESTEAD FL 33031 |

*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: INGRID SOCARRAS**

**PRESIDENT**

**04/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date