

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000047065

Entity Name: AZULLA COMMUNITY HEALTH CENTER, INC.**Current Principal Place of Business:**2677 FOREST HILL BLVD, UNIT 125
WEST PALM BEACH, FL 33406**Current Mailing Address:**2677 FOREST HILL BLVD, UNIT 125
WEST PALM BEACH, FL 33406 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VICTOR, LAGNY
101 PLAZA REAL S
918
BOCA RATON, FL 33432 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:** LAGNY VICTOR

04/22/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	HARRIS-VICTOR, VENTRICIA
Address	101 PLAZA REAL S 918
City-State-Zip:	BOCA RATON FL 33432

Title	V
Name	VICTOR, LAGNY PIERRE
Address	101 PLAZA REAL S 918
City-State-Zip:	BOCA RATON FL 33432

Title	PRESIDENT
Name	VICTOR, LAGNY VENDRIX
Address	101 PLAZA REAL S 918
City-State-Zip:	BOCA RATON FL 33432

Title	TREASURER
Name	VICTOR, KHURSHEID E
Address	1361 S FEDERAL HWY 102
City-State-Zip:	BOCA RATON FL 33432

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: VENTRICIA HARRIS-VICTOR

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04/22/2025

Electronic Signature of Signing Officer/Director Detail

Date