

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000092306

**Entity Name:** HEALTHCARE ANGEL CORPORATION**Current Principal Place of Business:**200 KNUTH RD., SUITE 200A  
BOYNTON, FL 33436**Current Mailing Address:**1836 SW181ST WAY  
SUITE A  
MIRAMAR, FL 33029 US**FEI Number:** 81-4488442**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MILORD, NERLINE  
1836 SW181ST WAY  
MIRAMAR, FL 33029 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	PRES
Name	MILORD, NERLINE
Address	1836 SW181ST WAY
City-State-Zip:	MIRAMAR FL 33029

Title	TREASURER
Name	MILORD, HARLEY
Address	200 KNUTH RD., SUITE 200A
City-State-Zip:	BOYNTON FL 33436

Title	VP
Name	MILORD, JULIETTE
Address	200 KNUTH RD., SUITE 200A
City-State-Zip:	BOYNTON FL 33436

Title	SECRETARY
Name	MILORD, DORA
Address	200 KNUTH RD., SUITE 200A
City-State-Zip:	BOYNTON FL 33436

*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:** NERLINE MILORD**PRES****01/10/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date