## 2025 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 SW 181ST WAY SUITE A MIRAMAR. FL 33029 US

FEI Number: 81-4488442 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILORD, NERLINE 1836 SW 181ST 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

FILED Mar 14, 2025

**Secretary of State** 

0790203360CC

Officer/Director Detail:

Title PRES Title TREASURER

Name MILORD, NERLINE Name MILORD, HARLEY

Address 1836 SW 181ST WAY Address 200 KNUTH RD., SUITE 200A

City-State-Zip: MIRAMAR FL 33029 City-State-Zip: BOYNTON FL 33436

TitleVPTitleSECRETARYNameMILORD, JULIETTENameMILORD, DORA

Address 200 KNUTH RD., SUITE 200A Address 200 KNUTH RD., SUITE 200A

City-State-Zip: BOYNTON FL 33436 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

**PRESIDENT** 

03/14/2025