

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000095242

**Entity Name:** LOS ANGELES ADULT DAY CARE, INC.

**Current Principal Place of Business:**

5248 GOLDEN GATE PARKWAY  
SUITE 600  
NAPLES, FL 34116

**Current Mailing Address:**

5248 GOLDEN GATE PARKWAY  
SUITE 600  
NAPLES, FL 34116

**FEI Number:** 81-4556460

**Certificate of Status Desired:** No

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

VANESSA M. BERTRAN, P.A.  
55 ALHAMBRA PLAZA 8TH FLOOR  
CORAL GABLES, FL 33134 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            | IGLESIAS, ISRAEL    | Name            | IGLESIAS, DEYSI     |
| Address         | 6080 AUTUMN OAKS LN | Address         | 6080 AUTUMN OAKS LN |
| City-State-Zip: | NAPLES FL 34119     | City-State-Zip: | NAPLES FL 34119     |

*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:** ISRAEL IGLESIAS

P

05/02/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date