

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000009450

Entity Name: CAS HEALTHCARE CENTER, INC.

Current Principal Place of Business:

4710 N HABANA AVE
STE 402
TAMPA, FL 33614

Current Mailing Address:

4710 N HABANA AVE
STE 402
TAMPA, FL 33614 US

FEI Number: 81-5325273

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SALAZAR, CARLOS ALBERTO
4710 N HABANA AVE
STE 402
TAMPA, FL 33614 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: CARLOS A SALAZAR

01/24/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PVPS
Name SALAZAR, CARLOS A
Address 4710 N HABANA AVE
STE. 402
City-State-Zip: TAMPA FL 33614

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: CARLOS ALBERTO SALAZAR

PVPS

01/24/2023

Electronic Signature of Signing Officer/Director Detail

Date