

**2021 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:** No

**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

01/06/2021

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 A SALAZAR

OWNER

01/06/2021

Electronic Signature of Signing Officer/Director Detail

Date