2022 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

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

Electronic Signature of Registered Agent

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

Electronic Signature of Signing Officer/Director Detail

FILED Feb 15, 2022 Secretary of State 9062525321CC

Certificate of Status Desired: Yes

02/15/2022 Date

Date

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PVPS

02/15/2022