

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000029986

**Entity Name:** YAMILA HEALTH CARE FOR THE DISABLED CORP

**Current Principal Place of Business:**

12564 SW 267TH TERRACE  
HOMESTEAD, FL 33032

**Current Mailing Address:**

12564 SW 267TH TERRACE  
HOMESTEAD, FL 33032

**FEI Number:** 82-1070251

**Certificate of Status Desired:** No

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

PEREZ CUBA, YAMILA  
12564 SW 267TH TERRACE  
HOMESTEAD, FL 33032 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  
Name PEREZ CUBA, YAMILA  
Address 12564 SW 267TH TERRACE  
City-State-Zip: HOMESTEAD FL 33033

*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:** YAMILA PEREZ CUBA

**PRESIDENT**

**04/30/2018**

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

\_\_\_\_\_  
Date