

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000049689

**Entity Name:** NEWVISION HEALTHCARE SOLUTIONS INC

**Current Principal Place of Business:**

1510 SYDNEY WASHER RD  
DOVER, FL 33527

**Current Mailing Address:**

P.O BOX 466  
SYDNEY, FL 33587 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

ARIAS, CARLOS  
1510 SYDNEY WASHER RD  
DOVER, FL 33527 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, S
Name	ARIAS, CARLOS	Name	ARIAS, YISELL
Address	1510 SYDNEY WASHER RD	Address	1510 SYDNEY WASHER RD
City-State-Zip:	DOVER FL 33527	City-State-Zip:	DOVER FL 33527

*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 ARIAS**

**PRESIDENT**

**04/27/2021**

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

\_\_\_\_\_  
Date