

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000049689

**Entity Name:** NEWVISION HEALTHCARE SOLUTIONS INC

**Current Principal Place of Business:**

4414 HORSESHOE PICK LN  
VALRICO, FL 33594

**Current Mailing Address:**

4414 HORSESHOE PICK LN  
VALRICO, FL 33594 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ARIAS, CARLOS  
4414 HORSESHOE PICK LN  
VALRICO, FL 33594 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	4414 HORSESHOE LN	Address	4414 HORSESHOE PICK LN
City-State-Zip:	VALRICO FL 33594	City-State-Zip:	VALRICO FL 33594

*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**

**04/26/2019**

Electronic Signature of Signing Officer/Director Detail

Date