

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000014096

**Entity Name:** SORELIS NURSING SERVICES, INC.

**Current Principal Place of Business:**

2831 THORNHILL  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

2831 THORNHILL  
WINTER HAVEN, FL 33880

**FEI Number: 82-5229036**

**Certificate of Status Desired: Yes**

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

TORRES, SORELIS MS  
2831 THORNHILL  
WINTER HAVEN, FL 33880 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 TORRES, SORELIS MS  
Address 2831 THORNHILL  
City-State-Zip: WINTER HAVEN, FL 33880

*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: SORELIS TORRES**

**MRS**

**02/22/2019**

Electronic Signature of Signing Officer/Director Detail

Date