

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000081551

**Entity Name:** HEALTHCARE SERVICES 24/7 CORP

**Current Principal Place of Business:**

19210 SW 124TH CT  
MIAMI, FL 33177

**Current Mailing Address:**

19210 SW 124TH CT  
MIAMI, FL 33177 US

**FEI Number:** 83-2034531

**Certificate of Status Desired:** No

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

LOPEZ, MARILUZ  
19210 SW 124TH CT  
MIAMI, FL 33177 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 LOPEZ, MARILUZ  
Address 19210 SW 124TH CT  
City-State-Zip: MIAMI FL 33177

*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:** MARILUZ LOPEZ

**OWNER**

**07/13/2024**

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

\_\_\_\_\_  
Date