

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000084165

Entity Name: TRUSTED HEALTH SERVICES ,INC

Current Principal Place of Business:

7590 NW 186TH STREET
SUITE 207 A
HIALEAH, FL 33015

Current Mailing Address:

7590 NW 186TH STREET
SUITE 207 A
HIALEAH, FL 33015 US

FEI Number: 83-2077342

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARRERO, ANTONIO SR
7590 NW 186TH STREET
SUITE 207 A
HIALEAH, FL 33015 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 MARRERO, ANTONIO SR
Address 18505 NW 75 PL SUITE 114
City-State-Zip: HIALEAH FL 33015

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: ANTONIO MARRERO SR

PRESIDENT

02/05/2019

Electronic Signature of Signing Officer/Director Detail

Date