

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000022398

**Entity Name:** ELD ALLIED HEALTH INC

**Current Principal Place of Business:**

4747 SW 3RD ST  
REAR  
CORAL GABLES, FL 33134

**Current Mailing Address:**

4747 SW 3RD ST  
REAR  
CORAL GABLES, FL 33134 US

**FEI Number:** 83-1729527

**Certificate of Status Desired:** No

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

MIAMI TAX EXPERT INC  
110 HIALEAH DRIVE  
HIALEAH, FL 33010 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            PRES  
Name            DIAZ, ELVIRA  
Address        4747 SW 3RD ST REAR  
City-State-Zip: CORAL GABLES FL 33134

*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:** ELVIRA DIAZ

**PRESIDENT**

**03/12/2021**

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

\_\_\_\_\_  
Date