

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000074092

**Entity Name:** MARIBEL CARE PROVIDERS, INC

**Current Principal Place of Business:**

13899 BISCAYNE BLVD  
STE 136  
NORTH MIAMI BEACH, FL 33181

**Current Mailing Address:**

685 NE 93RD ST.  
MIAMI SHORES, FL 33138

**FEI Number:** 84-3252109

**Certificate of Status Desired:** Yes

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

VALMOCINA, MARIBEL S  
685 NE 93RD ST.  
MIAMI SHORES, FL 33138 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 VALMOCINA, MARIBEL S  
Address 685 NE 93RD ST.  
City-State-Zip: MIAMI SHORES FL 33138

*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:** MARIBEL VALMOCINA

ADMINISTRATOR

02/10/2021

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

\_\_\_\_\_ Date