

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000080961

**Entity Name:** IBANEZ HEALTH CARE CORP

**Current Principal Place of Business:**

11060 SW 196 ST  
APT 106  
CUTLER BAY, FL 33157

**Current Mailing Address:**

11060 SW 196 ST  
APT 106  
CUTLER BAY, FL 33157 US

**FEI Number:** 84-3542178

**Certificate of Status Desired:** No

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

MIAMI TAX & ACCOUNTING INC  
18901 SW 106 AVE  
STE A 103  
MIAMI, FL 33157 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 VP  
Name ANGULO CUENDIAS, MABEL  
Address 11060 SW 196 ST APT 106  
City-State-Zip: CUTLER BAY FL 33157

Title PRES  
Name IBANEZ AGUILAR , LUIS MANUEL  
Address 11060 SW 196 ST APT 106  
City-State-Zip: CUTLER BAY FL 33157

*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:** LUIS MANUEL IBANEZ AGUILAR

**PRES**

**02/15/2021**

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

\_\_\_\_\_  
Date