

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000093173

**Entity Name:** W.OSLER COMPLETE CARE, CORP

**Current Principal Place of Business:**

801 WEST 48 ST SUITE A  
HIALEAH, FL 33012

**Current Mailing Address:**

801 WEST 48 ST SUITE A  
HIALEAH, FL 33012

**FEI Number: 84-4013193**

**Certificate of Status Desired:** No

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

CARMONA & ASSOCIATES INC  
7270 NW 12 STREET  
SUITE 645  
MIAMI, FL 33126 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:** EMERSON CARMONA

04/08/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name FRONTELA, ODALYS  
Address 801 WEST 48 ST SUITE A  
City-State-Zip: HIALEAH FL 33012

*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:** FRONTELA , ODALYS

PRES

04/08/2024

Electronic Signature of Signing Officer/Director Detail

Date