

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000059395

**Entity Name:** LAR NURSING SERVICES CORP

**Current Principal Place of Business:**

1114 NW 43RD AVENUE  
#2C  
MIAMI, FL 33126

**Current Mailing Address:**

1114 NW 43RD AVENUE  
#2C  
MIAMI, FL 33126 US

**FEI Number:** 85-2399935

**Certificate of Status Desired:** No

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

ALVAREZ RODRIGUEZ, LESTER  
1114 NW 43RD AVENUE  
#2C  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name ALVAREZ RODRIGUEZ, LESTER  
Address 1114 NW 43RD AVENUE  
City-State-Zip: MIAMI FL 33126

*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:** LESTER ALVAREZ RODRIGUEZ

P

03/07/2023

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

\_\_\_\_\_  
Date