

**2022 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P20000083290

**Entity Name:** DELSOL CARE & REHAB CENTER INC

**Current Principal Place of Business:**

3102 W WATERS AVE  
TAMPA, FL 33614

**Current Mailing Address:**

3102 W WATERS AVE  
TAMPA, FL 33614 US

**FEI Number:** 85-3677983

**Certificate of Status Desired:** No

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

DEL SOL PEREZ, ALEXIS  
3325 CEDAR CREST LOOP  
SPRING HILL, FL 34609 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 DEL SOL PEREZ, ALEXIS  
Address 3325 CEDAR CREST LOOP  
City-State-Zip: SPRING HILL FL 34609

*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:** DEL SOL PEREZ , ALEXIS

**PRESIDENT**

**05/24/2022**

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

\_\_\_\_\_  
Date