

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000035541

**Entity Name:** DISELIA HEALTH SERVICES CORP.

**Current Principal Place of Business:**

3050 NW 13 ST  
MIAMI, FL 33125

**Current Mailing Address:**

3050 NW 13 ST  
MIAMI, FL 33125

**FEI Number: 86-3823721**

**Certificate of Status Desired: No**

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

LOPEZ BLANCO, DISELIA  
3050 NW 13 ST  
MIAMI, FL 33125 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 LOPEZ BLANCO, DISELIA  
Address 3050 NW 13 ST  
City-State-Zip: MIAMI FL 33125

*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: DISELIA LOPEZ BLANCO**

**P**

**04/19/2023**

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

\_\_\_\_\_  
Date