

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000023035

**Entity Name:** EQUALITY HEALTHCARE INC

**Current Principal Place of Business:**

4790 NW 85TH AVE  
LAUDERHILL, FL 33351

**Current Mailing Address:**

4790 NW 85TH AVE  
LAUDERHILL, FL 33351

**FEI Number: 84-3643723**

**Certificate of Status Desired: No**

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

DERVIL, SANJI  
4790 NW 85TH AVE  
LAUDERHILL, FL 33351 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 DERVIL, SANJI  
Address 4790 NW 85TH AVE  
City-State-Zip: LAUDERHILL FL 33351 FL 33351

*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: DERVIL, SANJI**

**MANAGER**

**03/20/2023**

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

\_\_\_\_\_  
Date