

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000035693

**Entity Name:** LUISAELENA HEALTH CARE CORP.

**Current Principal Place of Business:**

10937 SW 244 TERR  
HOMESTEAD, FL 33032

**Current Mailing Address:**

10937 SW 244 TERR  
HOMESTEAD, FL 33032

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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	PSTD	Title	VP
Name	ELENA CRUZ, LUISA	Name	ELENA CRUZ, LUISA
Address	10937 SW 244 TERR	Address	10937 SW 244 TERR
City-State-Zip:	HOMESTEAD FL 33032	City-State-Zip:	HOMESTEAD FL 33032

*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: LUISA ELENA CRUZ**

**PRESIDENT**

**03/10/2023**

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

\_\_\_\_\_  
Date