

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000005969

**Entity Name:** ODALYS IDEAL CARE CORP

**Current Principal Place of Business:**

3740 W 9TH AVE  
HIALEAH, FL 33012

**Current Mailing Address:**

3740 W 9TH AVE  
HIALEAH, FL 33012 US

**FEI Number:** 90-2019616

**Certificate of Status Desired:** No

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

DAVILA, ODALYS  
3740 W 9TH AVE  
HIALEAH, FL 33012 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 DAVILA, ODALYS  
Address 3740 W 9TH AVE  
City-State-Zip: HIALEAH FL 33012

*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:** DAVILA ODALYS

P

03/15/2024

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

\_\_\_\_\_  
Date