

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000032123

**Entity Name:** ODALYS FAMILY HEALTH CARE INC

**Current Principal Place of Business:**

11532 NW 57 AVE  
HIALEAH, FL 33012

**Current Mailing Address:**

11532 NW 57 AVE  
HIALEAH, FL 33012 US

**FEI Number:** 92-3687889

**Certificate of Status Desired:** No

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

CEPERO GOMEZ, ODALYS  
11532 NW 57 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 CEPERO GOMEZ, ODALYS  
Address 11532 NW 57 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:** ODALYS CEPERO GOMEZ

PRESIDENT

04/18/2024

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

\_\_\_\_\_ Date