

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000010653

**Entity Name:** A1A CARE CENTER, INC.

**Current Principal Place of Business:**

641 WEST 33 ST.  
HIALEAH, FL 33012

**Current Mailing Address:**

641 WEST 33 ST.  
HIALEAH, FL 33012 US

**FEI Number:** 30-0035293

**Certificate of Status Desired:** No

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

VILLARREAL, DORIS  
641 WEST 33 ST.  
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:** DORIS VILLARREAL

04/01/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name VILLARREAL, DORIS  
Address 641 WEST 33 ST.  
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:** DORIS VILLARREAL

P

04/01/2024

Electronic Signature of Signing Officer/Director Detail

Date