

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000000192

**Entity Name:** VOZZCOM CARES, INC.

**Current Principal Place of Business:**

11768 WEST SAMPLE RD.  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

11768 WEST SAMPLE RD.  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 27-1635966

**Certificate of Status Desired:** No

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

VOZZOLA, DAVID E  
11768 WEST SAMPLE RD.  
CORAL SPRINGS, FL 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	VP	Title	P
Name	VOZZOLA, DAVID E	Name	VOZZOLA, DOREEN M
Address	8688 NW 47TH DRIVE	Address	8688 NW 47TH DRIVE
City-State-Zip:	CORAL SPRINGS FL 33067	City-State-Zip:	CORAL SPRINGS FL 33067

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID VOZZOLA

VP

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date