

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004790

Entity Name: THE HOUSE PORTABLE MEDICAL CARE, INC.**Current Principal Place of Business:**13650 CRYSTAL RIVER DRIVE
ORLANDO, FL 32828**Current Mailing Address:**13650 CRYSTAL RIVER DRIVE
ORLANDO, FL 32828**FEI Number: 90-0723018****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**AVILES, MARIBEL DR.
13650 CRYSTAL RIVER DRIVE
ORLANDO,, FL 32828 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	C
Name	AVILES, MARIBEL DR.
Address	13650 CRYSTAL RIVER DRIVE
City-State-Zip:	ORLANDO FL 32828

Title	SECRETARY
Name	WALZ, LISA
Address	610 JACARANDA LANE
City-State-Zip:	KISSIMME FL 34744

Title	BOARD MEMBER
Name	DUGGAR, KARAN
Address	3038 CAYMAN WAY
City-State-Zip:	ORLANDO FL 32812

Title	VC
Name	HERNANDEZ, MARIE
Address	1150 CHAMBOURD COURT
City-State-Zip:	ORLANDO FL 32825

Title	TREASURER
Name	CRUZ, HECTOR
Address	1235 MOUNT VERNON STREET
City-State-Zip:	ORLANDO FL 32803

Title	BOARD MEMBER
Name	ECHEVARRIA, CHRISTINE
Address	1321 BLACKWATER POND DRIVE
City-State-Zip:	ORLANDO FL 32828

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: MARIBEL AVILES**CHAIR****06/14/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date