

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000004129

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

**Current Principal Place of Business:**

2883 EXECUTIVE PARK DRIVE  
SUITE 103-A  
WESTON, FL 33331

**Current Mailing Address:**

2883 EXECUTIVE PARK DRIVE  
SUITE 103-A  
WESTON, FL 33331

**FEI Number:** 45-5504038

**Certificate of Status Desired:** No

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

TURCHIN, JASON  
2883 EXECUTIVE PARK DRIVE  
SUITE 103-A  
WESTON, FL 33331 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  
Name           TURCHIN, JASON  
Address        2883 EXECUTIVE PARK DRIVE, SUITE  
                  103-A  
City-State-Zip: WESTON FL 33331

Title           P  
Name           TURCHIN, KIRA  
Address        2883 EXECUTIVE PARK DRIVE, SUITE  
                  103-A  
City-State-Zip: WESTON FL 33331

Title           S  
Name           TURCHIN, STEVEN  
Address        9 EASTWOOD BLVD.  
City-State-Zip: MANALAPAN NJ 07726

*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:** JASON TURCHIN

**MGR**

**04/04/2023**

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

\_\_\_\_\_  
Date