

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000005377

**Entity Name:** FLORIDA FOR CARE, INC.

**Current Principal Place of Business:**

801 ARTHUR GODFREY ROAD  
401B  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

801 ARTHUR GODFREY ROAD  
401B  
MIAMI BEACH, FL 33140 US

**FEI Number:** 47-1089169

**Certificate of Status Desired:** No

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

ROGERS, DANIEL A  
100 W. GRANT STREET  
APT. 2098  
ORLANDO, FL 32806 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 POLLARA, BENJAMIN  
Address 801 ARTHUR GODFREY ROAD, SUITE  
401  
City-State-Zip: MIAMI BEACH FL 33140

Title TR  
Name MAGGIOLO, GLORIA  
Address 2121 PONCE DE LEON , STE 1100  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name ROGERS, DANIEL  
Address 100 W. GRANT STREET  
APT. 2098  
City-State-Zip: ORLANDO FL 32806

*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:** DANIEL ROGERS

VP

04/08/2015

Electronic Signature of Signing Officer/Director Detail

Date