

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000012078

Entity Name: THE HOLISTIC PLAN OF CARE INC

Current Principal Place of Business:

113 SOUTH MONROE STREET, 112
TALLAHASSEE, FL 32301

Current Mailing Address:

50 MISSION TRAIL
MONTICELLO, FL 32344

FEI Number: 81-4730181

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JP GOLDSMITH FINANCIAL SERVICES INC
644 W BREVARD ST
TALLAHASSEE, FL 32304 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 CEO
Name THOMAS-REDDICK, BARBARA
Address 113 SOUTH MONROE STREET
TALLAHASSEE
City-State-Zip: TALLAHASSEE FL 32301

Title P
Name KOONCE, ALEX
Address 50 MISSION TRAIL
City-State-Zip: MONTICELLO FL 32344

Title T
Name NOVA, ALFREDO
Address 1634 N PLAZA DRIVE
City-State-Zip: TALLAHASSEE FL 32308

Title CFO
Name COLSON, MONIQUE
Address 1747 CAPTIAL CIRCLE NE #1107
City-State-Zip: TALLAHASSEE FL 32308

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: DR. BARBARA THOMAS-REDDICK

CEO

03/31/2023

Electronic Signature of Signing Officer/Director Detail

Date