

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

DOCUMENT# N18000008721

**Entity Name:** SHECARE, INC.

**Current Principal Place of Business:**

612 W. MICHIGAN STREET  
ORLANDO, FL 32805

**Current Mailing Address:**

8712 PALM LAKE DRIVE  
ORLANDO, FL 32819

**FEI Number: 38-4097098**

**Certificate of Status Desired: No**

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

STATON, ATHENA K  
8712 PALM LAKE DRIVE  
ORLANDO, FL 32819 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	Title	VP
Name	STATON, ATHENA K	Name	MASSEY, KIMRI L
Address	8712 PALM LAKE DRIVE	Address	8720 PALM LAKE DRIVE
City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	ORLANDO FL 32819
Title	EXECUTIVE DIRECTOR		
Name	KOURAPIS, KATHERINE D		
Address	403 BEARDED OAKS CIRCLE		
City-State-Zip:	SARASOTA FL 34232		

*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: ATHENA STATON**

**PRESIDENT**

**02/09/2023**

Electronic Signature of Signing Officer/Director Detail

Date