

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19919

Entity Name: PRIVATE CARE ASSOCIATION OF FLORIDA, INC.**Current Principal Place of Business:**5300 W. ATLANTIC AVENUE
SUITE 102
DELRAY BEACH, FL 33484**Current Mailing Address:**5300 W. ATLANTIC AVENUE
SUITE 102
DELRAY BEACH, FL 33484 US**FEI Number:** 63-0774917**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DAHAN, LORI
5300 W. ATLANTIC AVENUE
SUITE 102
DELRAY BEACH, FL 33484 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:** LORI DAHAN

02/11/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	KAUFMAN, LISA
Address	5300 W. ATLANTIC AVE. SUITE 102
City-State-Zip:	DELRAY BEACH FL 33484

Title	TREASURER
Name	MCKENNEY, CARL
Address	5300 W. ATLANTIC AVENUE SUITE 102
City-State-Zip:	DELRAY BEACH FL 33484

Title	VP
Name	GOMEZ, MARRIES
Address	5300 W. ATLANTIC AVENUE SUITE 102
City-State-Zip:	DELRAY BEACH FL 33484

Title	SECRETARY
Name	STRACHAN, SCOTT
Address	5300 W. ATLANTIC AVENUE SUITE 102
City-State-Zip:	DELRAY BEACH FL 33484

Title	PAST PRESIDENT, DIRECTOR
Name	DAHAN, LORI
Address	5300 W ATLANTIC AVE SUITE 102
City-State-Zip:	DELRAY BEACH FL 33484

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: LORI DAHAN

PPD

02/11/2022

Electronic Signature of Signing Officer/Director Detail

Date