

**2020 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:** No

**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

01/17/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DAHAN, LORI  
Address        5300 W. ATLANTIC AVE.  
                 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            TREASURER  
Name            LIEBERMAN, DAVID  
Address        5300 W. ATLANTIC AVENUE  
                 SUITE 102  
City-State-Zip: DELRAY BEACH FL 33484  
  
Title            SECRETARY  
Name            LOCKHART, MELISSA  
Address        5300 W. ATLANTIC AVENUE  
                 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

PRESSIDENT

01/17/2020

Electronic Signature of Signing Officer/Director Detail

Date