

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H28658

**Entity Name:** CONSCIOUS CARE INC.

**Current Principal Place of Business:**

% JANICE E. HELLER  
4006 E SAILBOAT DRIVE  
COOPER CITY, FL 33026

**Current Mailing Address:**

% JANICE E. HELLER  
4006 E SAILBOAT DRIVE  
COOPER CITY, FL 33026

**FEI Number:** 59-2459756

**Certificate of Status Desired:** No

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

HELLER, JANICE E.  
4006 E SAILBOAT DRIVE  
COOPER CITY, FL 33026 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 PD  
Name HELLER, JANICE E.  
Address 4006 E SAILBOAT DRIVE  
City-State-Zip: COOPER CITY FL 33026

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JANICE HELLER

**PRESIDENT**

**04/04/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date