

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000017186

**Entity Name:** NETCARE, INC.

**Current Principal Place of Business:**

2451 N. MCMULLEN BOOTH RD.  
SUITE 214  
CLEARWATER, FL 33759

**Current Mailing Address:**

2451 N. MCMULLEN BOOTH RD.  
SUITE 214  
CLEARWATER, FL 33759

**FEI Number:** 59-3630413

**Certificate of Status Desired:** No

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

MCCLORY, TIMOTHY  
1238 HOLLY CIR.  
OLDSMAR, FL 34677 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            PTS  
Name            MCCLORY, TIMOTHY P  
Address        1238 HOLLY CIR.  
City-State-Zip: OLDSMAR FL 34677

*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:** TIMOTHY MCCLORY

**OWNER**

**04/14/2017**

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

\_\_\_\_\_  
Date