

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000112910

Entity Name: ANNIE WILSON HOMECARE, INC.

Current Principal Place of Business:

1225 WEST BEAVER STREET
SUITE 114
JACKSONVILLE, FL 32204

Current Mailing Address:

1225 WEST BEAVER STREET
SUITE 114
JACKSONVILLE, FL 32204 US

FEI Number: 01-0575369

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, ANNIE DORIS
2403 BROWARD ROAD
JACKSONVILLE, FL 32218 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: ANNIE DORIS BROWN

03/08/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name BROWN, ANNIE DORIS
Address 2403 BROWARD ROAD
City-State-Zip: JACKSONVILLE FL 32218

Title OFFICE MANAGER
Name SMITH, VICTORI
Address 2331 BROWARD ROAD
City-State-Zip: JACKSONVILLE FL 32218

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: ANNIE D. BROWN

PRESIDENT/CEO

03/08/2019

Electronic Signature of Signing Officer/Director Detail

Date