

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000045476

**Entity Name:** BACERRA-LEGASPI CARE CORP.

**Current Principal Place of Business:**

739 BERNICE COURT  
ORLANDO, FL 32825

**Current Mailing Address:**

739 BERNICE COURT  
ORLANDO, FL 32825

**FEI Number:** 16-1689463

**Certificate of Status Desired:** No

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

LEGASPI, FRANK V  
739 BERNICE COURT  
ORLANDO, FL 32825 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	P	Title	VP
Name	LEGASPI, FRANK V	Name	LEGASPI, MAYUMI B
Address	739 BERNICE COURT	Address	739 BERNICE COURT
City-State-Zip:	ORLANDO FL 32825	City-State-Zip:	ORLANDO FL 32825

*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:** FRANK LEGASPI

**PRESIDENT**

**03/06/2024**

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

\_\_\_\_\_  
Date