

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000062346

**Entity Name:** EQUIPCARE CORP.**Current Principal Place of Business:**6995 CHARLESTON SHORES BLVD  
LAKE WORTH, FL 33467**Current Mailing Address:**6995 CHARLESTON SHORES BLVD  
LAKE WORTH, FL 33467 US**FEI Number:** 45-0516696**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARQUEZ & MARCELO-ROBAINA, P.A.  
6505 BLUE LAGOON DRIVE  
SUITE 130  
MIAMI, FL 33126 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:** MAGDA MARCELO-ROBAINA

02/14/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D/S
Name	LUENGAS, LILIANA
Address	6995 CHARLESTON SHORES BLVD
City-State-Zip:	LAKE WORTH FL 33467

Title	D/ VP
Name	IASIELLO, NELSON
Address	6995 CHARLESTON SHORES BLVD
City-State-Zip:	LAKE WORTH FL 33467

Title	D/P
Name	GIL, JUAN G
Address	6995 CHARLESTON SHORES BLVD
City-State-Zip:	LAKE WORTH FL 33467

Title	DIRECTOR
Name	LUENGAS, LUZ FRANCY
Address	6995 CHARLESTON SHORES BLVD
City-State-Zip:	LAKE WORTH FL 33467

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:** JUAN GIL**BUSINESS MANAGER**

02/14/2022

Electronic Signature of Signing Officer/Director Detail

Date