

**2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000086062

**Entity Name:** TAKE CARE USA, INC.

**Current Principal Place of Business:**

650 WEST AVENUE  
APT 2312  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

650 WEST AVENUE  
APT 2312  
MIAMI BEACH, FL 33139 US

**FEI Number:** 20-0125427

**Certificate of Status Desired:** No

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

BENSOUSSAN, LAURENT D  
650 WEST AVENUE  
APT 2312  
MIAMI BEACH, FL 33139 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            PRES  
Name            BENSOUSSAN, LAURENT D  
Address        650 WEST AVENUE  
                  APT 2312  
City-State-Zip: MIAMI BEACH FL 33139

Title            VP  
Name            NIVISON, RICHARD  
Address        173 STANHOPE CIRCLE  
City-State-Zip: NAPLES FL 34104

*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:** LAURENT BENSOUSSAN

**PRESIDENT**

**04/27/2017**

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

\_\_\_\_\_  
Date