

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000020287

**Entity Name:** RAYLYN HOME CARE INC.

**Current Principal Place of Business:**

412 SE FALLON DRIVE  
PORT ST LUCIE, FL 34983

**Current Mailing Address:**

412 SE FALLON DRIVE  
PORT ST LUCIE, FL 34983 US

**FEI Number:** 75-3141421

**Certificate of Status Desired:** No

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

VIDAL, RAY  
412 SE FALLON DRIVE  
PORT ST LUCIE, FL 34983 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  
Name VIDAL, RAY  
Address 412 SE FALLON DRIVE  
City-State-Zip: PORT ST LUCIE FL 34983

Title SECRETARY  
Name VIDAL, LINDA  
Address 412 SE FALLON DRIVE  
City-State-Zip: PORT ST LUCIE FL 34983

*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:** RAYMOND VIDAL

**PRESIDENT**

**03/09/2025**

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

\_\_\_\_\_  
Date