

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000120138

**Entity Name:** MD HOME CARE, INC.

**Current Principal Place of Business:**

4857 N.W. 168TH TERRACE  
CAROL CITY, FL 33055

**Current Mailing Address:**

4857 N.W. 168TH TERRACE  
CAROL CITY, FL 33055 US

**FEI Number:** 20-1513920

**Certificate of Status Desired:** No

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

CANCELA, MADELEIN  
4857 N.W. 168TH TERRACE  
CAROL CITY, FL 33055 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 PD  
Name CANCELA, MADELEIN  
Address 4857 N.W. 168TH TERRACE  
City-State-Zip: COOPER CITY FL 33055

*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:** MADELEIN CANCELA

**PRESIDENT**

**04/23/2019**

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

\_\_\_\_\_  
Date