

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000031190

Entity Name: BISHOP HOME CARE, INC.**Current Principal Place of Business:**1627 EAST 8TH STREET
JACKSONVILLE, FL 32206**Current Mailing Address:**1627 EAST 8TH STREET
JACKSONVILLE, FL 32206**FEI Number:** 20-2539329**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCGEE,, MARY PRES
16308 MAGNOLIA GROVE WAY
JACKSONVILLE, FL 32218 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	V
Name	MCGEE, GEORGE
Address	16308 MAGNOLIA GROVE WAY
City-State-Zip:	JACKSONVILLE FL 32218

Title	DIRECTOR
Name	RICHARDSON, ANDREW MD
Address	5620 GLADEWOOD DRIVE
City-State-Zip:	JACKSON MS 39211

Title	CFO
Name	MCGEE, GEORGE
Address	16308 MAGNOLIA GROVE WAY
City-State-Zip:	JACKSONVILLE FL 32218

Title	PC
Name	MCGEE, MARY R
Address	16308 MAGNOLIA GROVE WAY
City-State-Zip:	JACKSONVILLE FL 32218

Title	CORRESPONDING SECRETARY
Name	WATTS, SARAH
Address	645 JESSIE STREET
City-State-Zip:	JACKSONVILLE FL 32206

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: MARY R MCGEE**PRESIDENT****02/06/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date