

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000058236

**Entity Name:** PERSONAL ELDER CARE, INC.

**Current Principal Place of Business:**

4533 BROOK DR  
WEST PALM BEACH, FL 33417

**Current Mailing Address:**

4533 BROOK DR  
WEST PALM BEACH, FL 33417

**FEI Number:** 20-4774649

**Certificate of Status Desired:** No

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

ASHDOWN, NALINI  
4381 LAKE LUCERNE CIR  
WEST PALM BEACH, FL 33409 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            ASHDOWN, NALINI  
Address        4533 BROOK DR  
City-State-Zip: W PALM BEACH FL 33417

Title            VP  
Name            ASHDOWN, BARRY  
Address        4381 LAKE LUCERNE CIRCLE  
City-State-Zip: W PALM BEACH FL 33409

*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:** NALINI ASHDOWN

**OWNER**

**04/18/2018**

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

\_\_\_\_\_  
Date