

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000113194

Entity Name: CONNOR HEALTH CARE INC.

Current Principal Place of Business:

15490 BELLANCA LN
WELLINGTON, FL 33414

Current Mailing Address:

15490 BELLANCA LN
WELLINGTON, FL 33414

FEI Number: 20-5473506

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FROEHLICH & DE LA RUA CPA FIRM
12008 SOUTHSORE BLVD
STE 210
WELLINGTON, FL 33414 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 D
Name KNOWLTON, SARAH
Address 15490 BELLANCA LN
City-State-Zip: WELLINGTON FL 33414

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: SARAH KNOWLTON

D

04/24/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date