

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000137571

**Entity Name:** ASHTON GROVE CARE, INC.

**Current Principal Place of Business:**

5101 LILLIAN LEE RD  
ST CLOUD, FL 34771

**Current Mailing Address:**

5005 LILLIAN LEE RD  
ST CLOUD, FL 34771

**FEI Number:** 03-0610461

**Certificate of Status Desired:** No

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

LEE, KAREN P  
5101 LILLIAN LEE RD  
ST CLOUD, FL 34771 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:** KAREN LEE

04/19/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name LEE, KAREN P  
Address 1101 KASPER DRIVE  
City-State-Zip: ORLANDO FL 32806

Title DVP  
Name GARCIA, ELEAZAR L  
Address 1013 VIRGINIA AVENUE  
City-State-Zip: ST CLOUD FL 34769

*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:** KAREN LEE

**PRESIDENT/TREASURER** 04/19/2021

Electronic Signature of Signing Officer/Director Detail

Date