

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000039725

Entity Name: FLORIDA FAMILY CARE SERVICES, INC.

Current Principal Place of Business:

3717 DEL PRADO BLVD.
6
CAPE CORAL, FL 33904

Current Mailing Address:

3717 DEL PRADO BLVD.
6
CAPE CORAL, FL 33904 US

FEI Number: 56-2648976

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TORRES, ELBA
627 NW 38TH PLLACE
CAPE CORAL, FL 33993 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 TORRES, ELBA
Address 627 NW 38 TH PL
City-State-Zip: CAPE CORAL FL 33993

Title T
Name TORRES, CLEVERT
Address 627 NW 38TH PL.
City-State-Zip: CAPE CORAL FL 33993

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: ELBA TORRES

P

04/27/2018

Electronic Signature of Signing Officer/Director Detail

Date