

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000011026

**Entity Name:** NURSING CARE SERVICES, INC.

**Current Principal Place of Business:**

5350 10TH AVE N  
SUITE 8  
GREENACRES, FL 33463

**Current Mailing Address:**

5350 10TH AVE N  
SUITE 8  
GREENACRES, FL 33463 US

**FEI Number:** 30-0461281

**Certificate of Status Desired:** No

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

PASTOR, ANTHONY D  
5350 10TH AVE N  
SUITE 8  
GREENACRES, FL 33463 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:** ANTHONY D. PASTOR

02/19/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name FERNANDEZ, SIMON  
Address 5350 10TH AVE N  
SUITE 8  
City-State-Zip: GREENACRES FL 33463

Title PRESIDENT  
Name PASTOR, ANTHONY D  
Address 5350 10TH AVE N  
SUITE 8  
City-State-Zip: GREENACRES FL 33463

*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:** ANTHONY PASTOR

PRESIDENT

02/19/2020

Electronic Signature of Signing Officer/Director Detail

Date