

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000105291

**Entity Name:** CCP HEALTH AND HOME CARE SERVICES, INC.

**Current Principal Place of Business:**

5230 SOUTH UNIVERSITY DRIVE  
SUITE 103-D  
DAVIE, FL 33328

**Current Mailing Address:**

5230 SOUTH UNIVERSITY DRIVE  
SUITE 103-D  
DAVIE, FL 33328 US

**FEI Number:** 80-0415870

**Certificate of Status Desired:** No

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

BRAMWELL, CARRON  
5230 SOUTH UNIVERSITY DRIVE  
SUITE 103-D  
DAVIE, FL 33328 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 MELBOURNE, CAROL  
Address 13140 SW 26TH STREET  
City-State-Zip: MIRAMAR FL 33027

Title D  
Name BRAMWELL, CARRON  
Address 19710 NW 9TH DRIVE  
City-State-Zip: PEMBROKE PINES FL 33029

*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:** CARRON BRAMWELL

**DIRECTOR**

**04/23/2019**

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

\_\_\_\_\_  
Date