

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000038386

**Entity Name:** PRO-CARE GROUP HOME, INC.**Current Principal Place of Business:**10920 TAFT STREET  
PEMBROKE PINES, FL 33026**Current Mailing Address:**10920 TAFT STREET  
PEMBROKE PINES, FL 33026 US**FEI Number: 26-4768628****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SAIEH, TARJIE  
10920 TAFT STREET  
PEMBROKE PINES, FL 33026 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	PRESIDENT
Name	SAIEH, TARJIE
Address	1299 SE 7TH AVE 107
City-State-Zip:	DANIA BEACH FL 33004

Title	VP
Name	SAIEH, CLIFFORD DR.
Address	1299 SE 7TH AVE 107
City-State-Zip:	DANIA BEACH FL 33004

Title	SECRETARY
Name	SAIEH, LORNA
Address	6880 FALCON GATE AVE
City-State-Zip:	DAVIE FL 33331

Title	SILENT PARTNER
Name	SAIEH, MICHEAL J
Address	6880 FALCON GATE
City-State-Zip:	DAVIE FL 33331

Title	SILENT PARTNER
Name	SAIEH, MICHEL M
Address	6880 FALCON GATE
City-State-Zip:	DAVIE FL 33331

*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: TARJIE SAIEH****PRESIDENT****02/23/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date