

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000069087

**Entity Name:** ALL FAMILY CARE , INC.**Current Principal Place of Business:**38 N.W. 8 STREET  
HOMESTEAD, FL 33030**Current Mailing Address:**38 N.W. 8 STREET  
HOMESTEAD, FL 33030 US**FEI Number:** 80-0462896**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VAVRINA, WILLIAM  
10020 SW 140 STREET  
MIAMI, FL 33176 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 SANGUILY, ARMANDO  
Address 12750 S. W. 189 STREET  
City-State-Zip: MIAMI FL 33177Title P  
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Name SANGUILY, ARMANDO  
Address 12750 S. W. 189 STREET  
City-State-Zip: MIAMI FL 33177

*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:** ARMANDO SANGUILY**DIR****01/17/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date