

2022 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 33177

Title P
Name SANGUILY, ARMANDO
Address 12750 S. W. 189 STREET
City-State-Zip: MIAMI FL 33177

Title P
Name SANGUILY, ARMANDO
Address 12750 S. W. 189 STREET
City-State-Zip: MIAMI FL 33177

Title P
Name SANGUILY, ARMANDO
Address 12750 S. W. 189 STREET
City-State-Zip: MIAMI FL 33177

Title P
Name SANGUILY, ARMANDO
Address 12750 S. W. 189 STREET
City-State-Zip: MIAMI FL 33177

Title P
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****01/26/2022**

Electronic Signature of Signing Officer/Director Detail

Date