

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000080841

Entity Name: AEROCARE EMPLOYEE BENEFITS, INC.**Current Principal Place of Business:**C/O AEROCARE HOLDINGS, INC.
220 W GERMANTOWN PK #250
PLYMOUTH MEETING, PA 19462**Current Mailing Address:**220 W GERMANTOWN PK #250
PLYMOUTH MEETING, PA 19462 US**FEI Number:** 45-3305035**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED CORPORATE SERVICES, INC.
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 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:** MICHAEL A BARR, PRESIDENT

03/27/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	PARNES, YEHOASHUA (JOSH)
Address	220 W GERMANTOWN PK #250
City-State-Zip:	PLYMOUTH MEETING PA 19462

Title	TREASURER
Name	CLEMENS , JASON
Address	220 W GERMANTOWN PK #250
City-State-Zip:	PLYMOUTH MEETING PA 19462

Title	CHIEF COMPLIANCE OFFICER, AUTHORIZED PERSON
Name	RUSSALESI, WENDY
Address	220 W GERMANTOWN PK #250
City-State-Zip:	PLYMOUTH MEETING PA 19462

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: WENDY RUSSALESI

AUTHORIZED PERSON

03/27/2024

Electronic Signature of Signing Officer/Director Detail

Date