

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000034150

Entity Name: ADAMS MULTICARE INC

Current Principal Place of Business:

6277 W WATERS AVE
TAMAP, FL 33634

Current Mailing Address:

P.O. BOX 2456
OLDSMAR, FL 34677 US

FEI Number: 80-0804169

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADAMS, DEREK L
6277 W WATERS AVE
TAMAP, FL 33634 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 ADAMS, DEREK L
Address P.O. BOX 2456
City-State-Zip: OLDSMAR FL 34677

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: DEREK L ADAMS

OWNER

08/06/2019

Electronic Signature of Signing Officer/Director Detail

Date