

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000065004

Entity Name: M CARE MEDICAL CENTER INC.

Current Principal Place of Business:

3501 ORANGE AVE
FORT PIERCE, FL 34947

Current Mailing Address:

3501 ORANGE AVE
FORT PIERCE, FL 34947 US

FEI Number: 46-3187447

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EMILCARE, MANETTE
3501 ORANGE AVE
FORT PIERCE, FL 34947 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 EMILCARE, MANETTE
Address 3501 ORANGE AVE
City-State-Zip: FORT PIERCE FL 34947

Title C
Name ALLIANCE , LOUIDOR MD
Address 424 GAZETTA WAY
City-State-Zip: WEST PALM BEACH FL 33413

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: MANETTE EMILCARE

PRESIDENT

03/25/2024

Electronic Signature of Signing Officer/Director Detail

Date