

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000029143

**Entity Name:** INFINITY HOME HEALTH CARE OF FLORIDA, INC.

**Current Principal Place of Business:**

4348 SOUTHPOINT BOULEVARD  
SUITE 311  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4348 SOUTHPOINT BOULEVARD  
SUITE 311  
JACKSONVILLE, FL 32216 US

**FEI Number:** 46-5609138

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GALE, DONNA M.  
3700 COMMERCE PARKWAY  
MIRAMAR, FL 33025 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:** DONNA M. GALE

02/12/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title COO, DIRECTOR  
Name MENDEZ, LINDA  
Address 3700 COMMERCE PARKWAY  
City-State-Zip: MIRAMAR FL 33025

Title VP, DIRECTOR  
Name JOBLOVE, KAREN  
Address 3700 COMMERCE PARKWAY  
City-State-Zip: MIRAMAR FL 33025

Title DCEO  
Name BRADBURY, CHRISTOPHER J.  
Address 3700 COMMERCE PARKWAY  
City-State-Zip: MIRAMAR FL 33025

Title DCFO  
Name KLINK, DONALD K.  
Address 3700 COMMERCE PARKWAY  
City-State-Zip: MIRAMAR FL 33025

*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:** LINDA MENDEZ

COO, DIRECTOR

02/12/2024

Electronic Signature of Signing Officer/Director Detail

Date