

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000067830

Entity Name: TECH CARE FOR KIDS, INC.**Current Principal Place of Business:**1100 W MCNAB ROAD
FORT LAUDERDALE, FL 33309**Current Mailing Address:**1100 W MCNAB ROAD
FORT LAUDERDALE, FL 33309 US**FEI Number:** 47-2079268**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BENITEZ, EMILIO
1100 W MCNAB ROAD
FORT LAUDERDALE, FL 33309 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 CEO, PRESIDENT, OFFICER
Name BENITEZ, EMILIO
Address 1100 W MCNAB ROAD
City-State-Zip: FORT LAUDERDALE FL 33309

Title CHAIRMAN, DIRECTOR
Name AMBROSE, SAMUEL
Address 1100 W MCNAB ROAD
City-State-Zip: FORT LAUDERDALE FL 33309

Title SECRETARY, DIRECTOR
Name ROGERS, JOSEPH
Address 1100 W MCNAB ROAD
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR
Name MCCAWLEY, SIGRID
Address 1100 W MCNAB ROAD
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR
Name MCDERMOTT, LISA
Address 1100 W MCNAB ROAD
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR
Name MARMION, SARAH
Address 1100 W MCNAB ROAD
City-State-Zip: FORT LAUDERDALE FL 33309

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: SAMUEL AMBROSE**CHAIRMAN****02/03/2017**

Electronic Signature of Signing Officer/Director Detail

Date