

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000071882

**Entity Name:** A CARE HEALTHCARE, INC.

**Current Principal Place of Business:**

2515 N STATE RD 7  
STE# 213  
MARGATE, FL 33063

**Current Mailing Address:**

2515 N STATE RD 7  
STE# 213  
MARGATE, FL 33063 US

**FEI Number:** 47-2936600

**Certificate of Status Desired:** No

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

VARDI, GUY  
2515 N STATE RD 7  
#213  
MARGATE, FL 33063 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 VARDI, GUY  
Address 2515 N STATE RD 7 STE#213  
City-State-Zip: MARGATE FL 33063

*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:** GUY VARDI

**PRESIDENT**

**02/25/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date