

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000089372

**Entity Name:** THE SELF CARE PLACE, INC.

**Current Principal Place of Business:**

15200 S. TRANQUILITY LAKE DRIVE  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

15200 S. TRANQUILITY LAKE DRIVE  
DELRAY BEACH, FL 33446 US

**FEI Number:** 47-2248286

**Certificate of Status Desired:** No

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

MYINT, AUDREY  
15200 S. TRANQUILITY LAKE DRIVE  
DELRAY BEACH, FL 33446 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 PD  
Name MYINT, AUDREY  
Address 15200 S. TRANQUILITY LAKE DRIVE  
City-State-Zip: DELRAY BEACH FL 33446

*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:** AUDREY MYINT

**REGISTERED AGENT**

**04/22/2015**

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

\_\_\_\_\_  
Date