

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000090311

**Entity Name:** RELIABLE HEAVENLY CARE, P.A.

**Current Principal Place of Business:**

3604 HIGH PINE DR  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

3604 HIGH PINE DR  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 47-5507595

**Certificate of Status Desired:** No

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

CELESTIN, WILFRANCE  
3604 HIGH PINE DR  
CORAL SPRINGS, FL 33065 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 PTSD  
Name CELESTIN, WILFRANCE  
Address 3604 HIGH PINE DR  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** WILFRANCE CELESTIN

PTSD

08/01/2016

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

\_\_\_\_\_ Date