

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000099717

Entity Name: TRUSTED HEALTH CARE SOLUTIONS INC.

Current Principal Place of Business:

6520 49TH CT E
ELLENTON, FL 34222

Current Mailing Address:

PO BOX 523
ELLENTON, FL 34222 US

FEI Number: 81-2303997

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BURTRAM, NINA D
6520 49TH CT E
ELLENTON, FL 34222 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 BURTRAM, NINA D
Address 6520 49TH CT E
City-State-Zip: ELLENTON FL 34222

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: NINA BURTRAM

PRESIDENT

04/16/2023

Electronic Signature of Signing Officer/Director Detail

Date