

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000052960

**Entity Name:** MODEL HOMECARE SERVICES INC.

**Current Principal Place of Business:**

7356 EDISTO DR.  
LAKE WORTH, FL 33467

**Current Mailing Address:**

7356 EDISTO DR.  
LAKE WORTH, FL 33467 US

**FEI Number: 81-3038760**

**Certificate of Status Desired: No**

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

ESTIME, GUERLYNE  
7356 EDISTO DR.  
LAKE WORTH, FL 33467 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 ESTIME, GUERLYNE  
Address 7356 EDISTO DR.  
City-State-Zip: LAKE WORTH FL 33467

Title VP  
Name ESTIME, FRITZNAUD  
Address 7656 EDISTO DR.  
City-State-Zip: LAKE WORTH FL 33467

*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: GUERLYNE ESTIME**

**PRESIDENT**

**04/17/2018**

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

\_\_\_\_\_  
Date