# above, or on an attachment with all other like empowered. SIGNATURE: ADVANTAGE CARE SOLUTIONS PRESIDENT

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

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail :

Electronic Signature of Registered Agent

Title	Р	Title	Т
Name	SOLUTIONS, ADVANTAGE CARE	Name	SOLUTIONS, ADVANTAGE CARE
Address	600 RINEHART ROAD SUITE 2080	Address	600 RINEHART ROAD SUITE 2080
City-State-Zip:	LAKE MARY FL 32746	City-State-Zip:	LAKE MARY FL 32746

# Current Mailing Address:

600 RINEHART ROAD

LAKE MARY, FL 32746

**SUITE 2080** 

600 RINEHART ROAD SUITE 2080 LAKE MARY, FL 32746 US

DOCUMENT# P16000056490

**Current Principal Place of Business:** 

## FEI Number: 81-3224891

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

UKAH, BERNADINE 1488 LANGHAM TERRACE LAKE MARY, FL 32746 US

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: ADVANTAGE CARE SOLUTIONS INC

#### FILED Jan 27, 2022 Secretary of State 4737806936CC

Certificate of Status Desired: No

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:

Date

01/27/2022