

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000056704

Entity Name: RESTORATION CARE EMS INC

Current Principal Place of Business:

5514 NW 72 AVE
MIAMI, FL 33166

Current Mailing Address:

5514 NW 72 AVE
MIAMI, FL 33166 US

FEI Number: 81-3198163

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARRA, AMARILIS
5514 NW 72 AVE
MIAMI, FL 33166 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 PARRA TORRES, AMARILIS
Address 5514 NW 72 AVE
City-State-Zip: MIAMI FL 33166

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: PARRA TORRES , AMARILIS

P

04/23/2019

Electronic Signature of Signing Officer/Director Detail

Date