

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000074500

**Entity Name:** DAVIS HOLISTIC CARE, INC.

**Current Principal Place of Business:**

2739 BERKFORD CIRLCE  
LAKELAND, FL 33810

**Current Mailing Address:**

2739 BERKFORD CIRLCE  
LAKELAND, FL 33810 US

**FEI Number:** 81-3817717

**Certificate of Status Desired:** No

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

DAVIS, BRANDY F  
116 OLD BOWLING GREEN ROAD  
BOWLING GREEN, FL 33834 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 DAVIS, BRANDY F  
Address 2739 BERKFORD CIRLCE  
City-State-Zip: LAKELAND FL 33810

*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:** BRANDY DAVIS

P

04/26/2017

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

\_\_\_\_\_  
Date