

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000004828

Entity Name: ANGEL LIGHT CARE AND TRANSPORTATION INC**Current Principal Place of Business:**9275 SW 1 PLACE
BOCA RATON, FL 33428**Current Mailing Address:**9275 SW 1 PLACE
BOCA RATON, FL 33428 US**FEI Number:** 81-5052013**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, ANGELLA
1500 NW 115 ST
MIA, FL 33167 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	Title	VP
Name	WILLIAMS, ANGELLA	Name	BARBER, SHERYL
Address	9275 SW 1 PLACE	Address	1500 NW 115 ST
City-State-Zip:	BOCA RATON FL 33428	City-State-Zip:	MIAMI FL 33167
Title	TREA	Title	SCE
Name	WILLIAMS, ANGELLA	Name	EVANS, SANDIA
Address	9275 SW 1 PLACE	Address	1500 NW 115 ST
City-State-Zip:	BOCA RATON FL FL 33428	City-State-Zip:	MIAMI FL 33167

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: WILLIAMS ANGELLA**PRESIDENT****02/11/2019**

Electronic Signature of Signing Officer/Director Detail

Date