

2021 FLORIDA PROFIT CORPORATION AMENDED 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
Name	WILLIAMS, ANGELLA
Address	9275 SW 1 PLACE
City-State-Zip:	BOCA RATON FL 33428

Title	VP
Name	EVANS, SANDRIA I
Address	1500 NW 115 ST
City-State-Zip:	MIAMI FL 33167

Title	TREA
Name	BROWN, ALEXIA B
Address	14430 SW 288TH
City-State-Zip:	HOMESTEAD FL 33033

Title	SCE
Name	BROWN, ALEXIA B
Address	14430 SW 288TH
City-State-Zip:	HOMESTEAD FL 33033

Title	MAEKETING/DIRECTOR
Name	LAWRENCE, DENNIS ANTHONY
Address	6340 NW 28TH STREET
City-State-Zip:	SUNRISE FL 33313

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: ANGELLA WILLIAMS**P****06/15/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date