

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000042831

**Entity Name:** NURSE CARE PROVIDER, CORP

**Current Principal Place of Business:**

1927 NE 4TH TER  
CAPE CORAL, FL 33909

**Current Mailing Address:**

1927 NE 4TH TER  
CAPE CORAL, FL 33909 US

**FEI Number:** 82-1534572

**Certificate of Status Desired:** No

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

DIAZ, CARLOS J  
1927 NE 4TH TER  
CAPE CORAL, FL 33909 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 DIAZ, CARLOS J  
Address 1927 NE 4TH TER  
City-State-Zip: CAPE CORAL FL 33909

Title VP  
Name GARCIA PINO, LILIEM  
Address 1927 NE 4TH TER  
City-State-Zip: CAPE CORAL FL 33909

*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:** CARLOS J DIAZ

**PRESIDENT**

**02/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date