2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2021
Secretary of State
2381046194CC

DOCUMENT# P17000076887

Entity Name: PLUS CARE HEALTH OPTIONS, INC.

Current Principal Place of Business:

1514 SOUTH ALEXANDER STREET
SUITE #202
PLANT CITY, FL 33567

Current Mailing Address:

PO BOX 5818
PLANT CITY, FL 33563 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, KIVIA L
1514 S. ALEXANDER ST. # 202
PLANT CITY, FL 33563 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, KIVIA L	Name	WILLIAMS, JERROD L
Address	PO BOX 5818	Address	PO BOX 5818
City-State-Zip:	PLANT CITY FL 33563	City-State-Zip:	PLANT CITY FL 33563

Title	T
Name	BROADNAX, TIJAY
Address	PO BOX 5818
City-State-Zip:	PLANT CITY FL 33563

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: JERROD L. WILLIAMS VP 04/13/2021

Electronic Signature of Signing Officer/Director Detail — Date