

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000076887

Entity Name: PLUS CARE HEALTH OPTIONS, INC.

Current Principal Place of Business:

5219 CLARENCE GORDON JR ROAD
PLANT, FL 33567

Current Mailing Address:

PO BOX 5818
PLANT CITY, FL 33563

FEI Number: 82-3056688

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, KIVIA L
5219 CLARENCE GORDON JR ROAD
PLANT CITY, FL 33567 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, KIVIA L
Address PO BOX 5818
City-State-Zip: PLANT CITY FL 33563

Title VP
Name WILLIAMS, JERROD L
Address PO BOX 5818
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: KIVIA WILLIAMS

P

05/29/2019

Electronic Signature of Signing Officer/Director Detail

Date