

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000094213

Entity Name: CORPORATE CARE OF JACKSONVILLE FLORIDA, INC.

Current Principal Place of Business:

12355 FINNS COVE TRAIL
JACKSONVILLE, FL 32246

Current Mailing Address:

12620 BEACH BLVD STE 3 #258
JACKSONVILLE, FL 32246 US

FEI Number: 82-3581783

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GEORGE, LOLITA
12620 BEACH BLVD STE 3 #258
JACKSONVILLE, FL 32246 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 CEO
Name GEORGE, LOLITA
Address 12620 BEACH BLVD STE 3 #258
City-State-Zip: JACKSONVILLE FL 32246

Title T
Name GEORGE, VELVET V
Address 12620 BEACH BLVD STE 3 #258
City-State-Zip: JACKSONVILLE FL 32246

Title S
Name LEVY, CASHMIRE C
Address 12620 BEACH BLVD STE 3 #258
City-State-Zip: JACKSONVILLE FL 32246

Title M
Name GEORGE, BRIAN A
Address 12620 BEACH BLVD STE 3 #258
City-State-Zip: JACKSONVILLE FL 32246

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: LOLITA GEORGE

CEO

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date