

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000005988

Entity Name: AKISHA CARE PROVIDER INC

Current Principal Place of Business:

3137 MONSERRAT PLACE
KISSIMMEE, FL 34743

Current Mailing Address:

3137 MONSERRAT PLACE
KISSIMMEE, FL 34743 US

FEI Number: 82-4086741

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAIL SAFE ACCOUNTING LLC
20 S ROSE AVE
STE 4
KISSIMMEE, FL 34741 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 PRESIDENT
Name RUZ, LIZ D
Address 3137 MONSERRAT PLACE
City-State-Zip: KISSIMMEE FL 34743

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: LIZ RUZ

PRESIDENT

04/27/2019

Electronic Signature of Signing Officer/Director Detail

Date