

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000028130

Entity Name: ALTRUISTIC HEALTHCARE SERVICES INC.

Current Principal Place of Business:

3800 INVERRARY BLVD
SUITE 408-T
LAUDERHILL, FL 33319

Current Mailing Address:

3800 INVERRARY BLVD
SUITE 408-T
LAUDERHILL, FL 33319 US

FEI Number: 82-5013012

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ROBINSON, STENNETH
5921 WOODLANDS POINT DR
TAMARAC, FL 33319 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 ROBINSON, DONNA
Address 3036 NW 29TH TERR
City-State-Zip: OAKLAND PARK FL 33311

Title VP
Name ROBINSON, STENNETH
Address 5921 WOODLANDS POINT DR
City-State-Zip: TAMARAC FL 33319

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: DONNA M ROBINSON

PRESIDENT

03/06/2019

Electronic Signature of Signing Officer/Director Detail

Date