2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P18000041621

Entity Name: HOLISTIC LIFECARE SOLUTIONS, INC.

FILED
May 22, 2024
Secretary of State
0564764322CC

Current Principal Place of Business:

2630 W BROWARD BLVD 203 -1877

FORT LAUDERDALE, FL 33311-1314

Current Mailing Address:

2630 W BROWARD BLVD 203 -1877

FORT LAUDERDALE, FL 33311-1314 US

FEI Number: 82-5224029 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC 7901 4TH ST N #300 LAUDERHILL, FL 33702 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: DAVID ROBERTS 05/22/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title CEO Title PRESIDENT

NamePEW, HELENA JNameHARDEN , LAZARIA JAddress3361 NW 17TH STREETAddress3361 NW 17TH STREETCity-State-Zip:LAUDERHILL FL 33311City-State-Zip:LAUDERHILL FL 33311

Title SECRETARY Title TREASURER

Name PEW, HALEY L Name HARDEN , AYESHA A

Address 405 NW 21ST TER Address 2630 W BROWARD BLVD

City-State-Zip: FORT LAUDERDALE FL 33311

City-State-Zip: FORT LAUDERDALE FL 33311-1314

Title TRUSTEE

Name THE HJP TRUST

Address 2630 W BROWARD BLVD

203 -1877

City-State-Zip: FORT LAUDERDALE FL 33311-1314

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.