

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000053705

**Entity Name:** ELEVATE CARE SOLUTIONS INC

**Current Principal Place of Business:**

122 SE 5TH STREET  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

122 SE 5TH STREET  
DELRAY BEACH, FL 33483 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOVITO, PAUL  
122 SE 5TH STREET  
DELRAY BEACH, FL 33483 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 LOVITO, KIMBERLY  
Address 122 SE 5TH STREET  
City-State-Zip: DELRAY BEACH FL 33483

Title CEO, DIRECTOR  
Name LOVITO, PAUL  
Address 122 SE 5TH STREET  
City-State-Zip: DELRAY BEACH FL 33483

*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:** PAUL LOVITO

**CEO**

**04/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date