

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000057416

**Entity Name:** S & R ADULT FAMILY CARE INC

**Current Principal Place of Business:**

17346 NW 74 AVE  
APT #103  
HIALEAH, FL 33015

**Current Mailing Address:**

17346 NW 74 AVE  
APT #103  
HIALEAH, FL 33015 US

**FEI Number:** 83-1065168

**Certificate of Status Desired:** No

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

FERNANDEZ, SILVIA  
17346 NW 74 AVE  
APT #103  
HIALEAH, FL 33015 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 FERNANDEZ, SILVIA  
Address 17346 NW 74 AVE APT #103  
City-State-Zip: MIAMI FL 33015

*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:** SILVIA FERNANDEZ

**PRESIDENT**

**02/25/2023**

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

\_\_\_\_\_  
Date