

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000059038

**Entity Name:** KINDHEART CARE PROVIDER INC

**Current Principal Place of Business:**

1822 WINCHESTER CT  
SAINT CLOUD, FL 34771

**Current Mailing Address:**

1822 WINCHESTER CT  
SAINT CLOUD, FL 34771 US

**FEI Number:** 84-2626216

**Certificate of Status Desired:** No

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

BARBOSA, MARIA  
1822 WINCHESTER CT  
SAINT CLOUD, FL 34771 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 MANAGER

Name BARBOSA, MARIA

Address 1822 WINCHESTER CT

City-State-Zip: SAINT CLOUD FL 34771

Title P

Name PLAZA, GUSTAVO

Address 2373 N CENTRAL AVE APT C224

City-State-Zip: KISSIMMEE FL 34741

*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:** GUSTAVO J PLAZA

**PRESIDENT**

**04/29/2023**

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

\_\_\_\_\_  
Date