

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000085836

**Entity Name:** SENSATIONAL HEALTH CARE CORP

**Current Principal Place of Business:**

7402 N 56TH ST  
SUITE 350  
TAMPA, FL 33617

**Current Mailing Address:**

7402 N 56TH ST  
SUITE 350  
TAMPA, FL 33617

**FEI Number:** 84-3948515

**Certificate of Status Desired:** No

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

STANFIELD, PETER  
7340 SW 48 ST  
SUITE 107  
MIAMI, FL 33155 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 RIVIERE, MARIE  
Address 7402 N 56TH ST SUITE 350  
City-State-Zip: TAMPA FL 33617

*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:** MARIE RIVIERE

**DIRECTOR**

**06/08/2020**

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

\_\_\_\_\_  
Date