## 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000001917

Entity Name: 360 HOME HEALTHCARE AGENCY, INC.

**Current Principal Place of Business:** 

2724 5TH ST W, STE B LEHIGH ACRES, FL 33971

**Current Mailing Address:** 

PO BOX 1199

LEHIGH ACRES. FL 33970 US

FEI Number: 84-4246174 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES , RUDOLPH 2724 5TH ST W, STE B LEHIGH ACRES, FL 33971 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: RUDOLPH MICKEY JONES 03/01/2021

Electronic Signature of Registered Agent

Date

FILED Mar 01, 2021

**Secretary of State** 

5984379031CC

Officer/Director Detail:

Title PS

NameRUDOLPH MICKEY JONESAddress2724 5TH ST W, STE BCity-State-Zip:LEHIGH ACRES FL 33971

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.