

2022 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

03/09/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PS
Name	RUDOLPH MICKEY JONES
Address	2724 5TH ST W, STE B
City-State-Zip:	LEHIGH ACRES FL 33971

Title	MANAGER
Name	AKKOUICHE, SAMIA
Address	2724 5TH ST W, STE B
City-State-Zip:	LEHIGH ACRES FL 33971

Title	MANAGER
Name	GARCIA, JENNY
Address	2724 5TH ST W, STE B
City-State-Zip:	LEHIGH ACRES FL 33971

Title	DIRECTOR
Name	ROBLES, ANGELICA
Address	2724 5TH ST W, STE B
City-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.

SIGNATURE: RUDOLPH JONES

CEO

03/09/2022

Electronic Signature of Signing Officer/Director Detail

Date