

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000001917

Entity Name: 360 HOME HEALTHCARE AGENCY, INC.

Current Principal Place of Business:

3611 LEE BLVD
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
3611 LEE BLVD
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

01/28/2025

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

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

01/28/2025

Electronic Signature of Signing Officer/Director Detail

Date