

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000026593

**Entity Name:** REX CARE SERVICES COMPANY

**Current Principal Place of Business:**

1856 IRONDALE  
NORTH PORT, FL 34287

**Current Mailing Address:**

4975 CITY HALL BLVD  
7631  
NORTH PORT, FL 34287 US

**FEI Number:** 36-4969129

**Certificate of Status Desired:** No

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

DAVIS, JUDY L  
1856 IRONDALE  
NORTHPORT FLORIDA, FL 34287 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            PRES  
Name            FABAYO, ADELSOLA O  
Address        1856 IRONDALE  
City-State-Zip:    NORTHPORT FL 34287

Title            VP  
Name            DAVIS, JUDY L  
Address        1856 IRONDALE  
City-State-Zip:    NORTHPORT FL 34287

Title            TRES  
Name            DAVIS, JUDY L  
Address        1856 IRONDALE  
City-State-Zip:    NORTHPORT FL 34287

*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:** JUDY DAVIS

03/15/2021

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

\_\_\_\_\_  
Date