

**2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P20000027422

**Entity Name:** ALTRUISTIC LOVING CARE INC

**Current Principal Place of Business:**

3822 NORTH 52ND STREET  
TAMPA, FL 33619

**Current Mailing Address:**

3822 NORTH 52ND STREET  
TAMPA, FL 33619 US

**FEI Number:** 85-0555906

**Certificate of Status Desired:** No

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

THOMAS, LASHANTA K  
3822 NORTH 52ND STREET  
TAMPA, FL 33619 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:** LASHANTA THOMAS

06/22/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                        |                 |                         |
|-----------------|------------------------|-----------------|-------------------------|
| Title           | P                      | Title           | VP                      |
| Name            | THOMAS, LASHANTA K     | Name            | PRYOR, IGNATIUS LEE JR. |
| Address         | 3822 NORTH 52ND STREET | Address         | 3822 N 52ND ST          |
| City-State-Zip: | TAMPA FL 33619         | City-State-Zip: | TAMPA FL 33619          |

*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:** LASHANTA THOMAS

PRESIDENT

06/22/2023

Electronic Signature of Signing Officer/Director Detail

Date