

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000034850

**Entity Name:** CREDIBLE HOMECARE SERVICES INC

**Current Principal Place of Business:**

12627 SAN JOSE BLVD  
SUITE 302-1  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

12627 SAN JOSE BLVD  
SUITE 302-1  
JACKSONVILLE, FL 32223 US

**FEI Number:** 85-1059905

**Certificate of Status Desired:** No

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

LEGALCORP SOLUTIONS, LLC  
3440 W HOLLYWOOD BLVD. SUITE 415  
HOLLYWOOD, FL 33021 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 P  
Name ALEXIS, ANTONINE  
Address 12627 SAN JOSE BLVD, SUITE 302-1  
City-State-Zip: JACSONVILLE FL 32223

Title TRE  
Name MARTIN, SOPHONISE  
Address 12627 SAN JOSE BLVD, SUITE 302-1  
City-State-Zip: JACSONVILLE FL 32223

Title SEC  
Name JOINVIL, FRANCOISE  
Address 12627 SAN JOSE BLVD, SUITE 302-1  
City-State-Zip: JACSONVILLE FL 32223

Title VP  
Name JOINVIL, FRANCOISE  
Address 12627 SAN JOSE BLVD, SUITE 302-1  
City-State-Zip: JACSONVILLE FL 32223

Title DIR  
Name ALEXIS, ANTONINE  
Address 12627 SAN JOSE BLVD, SUITE 302-1  
City-State-Zip: JACSONVILLE FL 32223

Title DIR  
Name MARTIN, SOPHONISE  
Address 12627 SAN JOSE BLVD, SUITE 302-1  
City-State-Zip: JACSONVILLE FL 32223

*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:** FRANCOISE JOINVIL

**SEC & VP**

**06/01/2023**

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

\_\_\_\_\_  
Date