

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000044858

**Entity Name:** C&B ELITE CARE SERVICES, INC

**Current Principal Place of Business:**

6151 MIRAMAR PARKWAY  
SUITE 311  
MIRAMAR, FLORIDA, FL 33023

**Current Mailing Address:**

6151 MIRAMAR PARKWAY  
113  
MIRAMAR, FLORIDA, FL 33023 US

**FEI Number:** 46-1137776

**Certificate of Status Desired:** No

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

HEADSTART TAX AND FINANCIAL SOLUTION  
6151 MIRAMAR PARKWAY  
216  
MIRAMAR, FL 33023 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 JOHNSON, DR. CLAUDETTE  
Address 6151 MIRAMAR PARKWAY  
SUITE 113  
City-State-Zip: MIRAMAR FL 33023

Title VP  
Name SCOTT, SIMONE  
Address 6804 SW 40TH COURT  
City-State-Zip: MIRAMAR FL 33023

Title S  
Name SCOTT, SIMONE  
Address 6804 SW 40TH COURT  
City-State-Zip: MIRAMAR, FLORIDA FL 33023

Title T  
Name JOHNSON, CLAUDETTE  
Address 6151 MIRAMAR PARKWAY, SUITE 113  
City-State-Zip: MIRAMAR FL 33023

*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:** DR. CLAUDETTE JOHNSON

**PRESIDENT**

**04/06/2022**

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

\_\_\_\_\_  
Date