

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000062576

**Entity Name:** WHOLE CARE INSURANCE CORP

**Current Principal Place of Business:**

555 NORTHLAKE BLVD  
SUITE 58  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

555 NORTHLAKE BLVD  
SUITE 58  
ALTAMONTE SPRINGS, FL 32701

**FEI Number:** 85-2611159

**Certificate of Status Desired:** No

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

CALDERARO, LORENZO A  
10350 SW 11TH ST  
MIAMI, FL 33174 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 DIAZ, ALEJANDRA G  
Address 555 NORTHLAKE BLVD SUITE 58  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VP  
Name DIAZ, ALEJANDRO G  
Address 428 LOS ALTOS WAY APT 201  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VP  
Name CENTENO, ALEXANDER J  
Address 555 NORTHLAKE BLVD SUITE 58  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VP  
Name DUQUE, NAZARET  
Address 428 LOS ALTOS WAY APT 201  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** ALEXANDER CENTENO

AC

05/01/2021

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

\_\_\_\_\_  
Date