

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000064640

**Entity Name:** ADVANACARE INC

**Current Principal Place of Business:**

2700 NEILSON WAY  
936  
SANTA MONICA, CA 90405

**Current Mailing Address:**

2700 NEILSON WAY  
936  
SANTA MONICA, CA 90405 US

**FEI Number:** 87-1741442

**Certificate of Status Desired:** No

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

SAIONTZ, JESSICA L  
9990 SW 77TH AVENUE  
SUITE 311  
MIAMI, FL 33156 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 PD  
Name KAIROS INDUSTRIES LLC  
Address 4832 1/2 MCCONNELL AVE  
City-State-Zip: LOS ANGELES CA 90066

Title D  
Name BINKS LLC  
Address 2700 NEILSON WAY, 936  
City-State-Zip: SANTA MONICA CA 90405

Title D  
Name WTLESQ, INC.  
Address 7875 SW 104TH STREET ST 100  
City-State-Zip: MIAMI FL 33156

*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:** LORIS RIVERA

**DIRECTOR (BINKS LLC)**

**03/01/2023**

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

\_\_\_\_\_  
Date