

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000076552

**Entity Name:** FULL OF LIFE HEALTH CARE INC

**Current Principal Place of Business:**

6249 SW 131ST PL  
APT 101  
MIAMI, FL 33183

**Current Mailing Address:**

6249 SW 131ST PL  
APT 101  
MIAMI, FL 33183 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BARRIOS FAWCETT, GLENDA R  
6249 SW 131ST PL  
APT 101  
MIAMI, FL 33183 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 BARRIOS FAWCETT, GLENDA R  
Address 6249 SW 131ST PL  
APT 101  
City-State-Zip: MIAMI FL 33183

Title VP  
Name CANAS RODRIGUEZ, JOHN E  
Address 6249 SW 131ST PL  
APT 101  
City-State-Zip: MIAMI FL 33183

*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:** GLENDA BARRIOS FAWCETT

**PRESIDENT**

**05/01/2022**

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

\_\_\_\_\_  
Date