# 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.

above, or on an attachment with all other like empowered.	
SIGNATURE: PATEL NIRAV	DIR

Entity Name: CARESQUARE PPEC OF BROWARD INC

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### **Current Principal Place of Business:**

437 E ATLANTIC BLVD UNIT 6 POMPANO BEACH, FL 33060

## **Current Mailing Address:**

11843 FOX HILL CIR BOYNTON BEACH, FL 33473

## FEI Number: 88-4183892

## Name and Address of Current Registered Agent:

PATE, NIRAV 11843 FOX HILL CIR BOYNTON BEACH, FL 33473 US

Certificate of Status Desired: No

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

### Officer/Director Detail :

Title	Р	Title	D	
Name	PATEL, NIRAV D	Name	PATEL, BIJAL H	
Address	11843 FOX HILL CIR	Address	11843 FOX HILL CIR	
City-State-Zip:	BOYNTON BEACH FL 33473	City-State-Zip:	BOYNTON BEACH FL 33473	
Title	VP			
Name	REVILLA, REBECCA A			
Address	10384 MILBURN LANE			
City-State-Zip:	BOCA RATON FL 33498			

Electronic Signature of Signing Officer/Director Detail

Date

## FILED Apr 07, 2023 Secretary of State 6027866361CC