

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000073035

**Entity Name:** SELFCARE HEALTH SERVICES INC.

**Current Principal Place of Business:**

6079 LAKE WORTH RD  
GREEN ACRES, FL 33463

**Current Mailing Address:**

6079 LAKE WORTH RD  
GREEN ACRES, FL 33463 US

**FEI Number:** 93-4004641

**Certificate of Status Desired:** No

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

VIBERT, ERICSON  
6079 LAKE WORTH RD  
GREEN ACRES, FL 33463 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 VIBERT, ERICSON  
Address 6079 LAKE WORTH RD  
City-State-Zip: GREEN ACRES, FL 33463

*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:** ERICSON VIBERT

P

03/02/2024

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

\_\_\_\_\_  
Date