

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P92000010605

**Entity Name:** HOME CARE SYSTEMS, INC.

**Current Principal Place of Business:**

6175 NW 167 ST.  
G-15  
MIAMI, FL 33015

**Current Mailing Address:**

6175 NW 167 ST.  
G-15  
MIAMI, FL 33015 US

**FEI Number:** 65-0380717

**Certificate of Status Desired:** Yes

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

FLORA, MARIA D  
6175 NW 167TH ST  
G-15  
MIAMI, FL 33015 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            CEO  
Name            FLORA, MARIA D  
Address        6175 NW 167TH ST G-15  
City-State-Zip: MIAMI FL 33015

Title            S/T  
Name            FLORA, CHARLES E  
Address        6175 NW 167TH ST G-15  
City-State-Zip: MIAMI FL 33015

*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:** MARIA D FLORA

**CEO/PRESIDENT**

**04/11/2017**

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

\_\_\_\_\_  
Date