## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000010605

Entity Name: HOME CARE SYSTEMS, INC.

**Current Principal Place of Business:** 

12855 SW 132 STREET SUITE 206 MIAMI, FL 33186

**FILED** Mar 14, 2024 **Secretary of State** 1629095347CC

## **Current Mailing Address:**

12855 SW 132 STREET SUITE 206 MIAMI, FL 33186 US

FEI Number: 65-0380717 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

GARFUNKEL WILD PC 500 S DIXIE HWY #304 CORAL GABLES, FL 33146 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: AMANDA S BHIKHARI 03/14/2024

Electronic Signature of Registered Agent

Date

## Officer/Director Detail:

**PRESIDENT** Title Title VP, DIRECTOR, OFFICER SCHLESINGER, MOSES HOROWITZ, MENACHE Name Name Address 12855 SW 132 STREET Address 12855 SW 132 STREET SUITE 102

SUITE 102

MIAMI FL 33186 MIAMI FL 33186 City-State-Zip: City-State-Zip:

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: SCHLESINGER, MOSES

**PRESIDENT** 

03/14/2024