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: ELIZABETH BRACERAS

Electronic Signature of Signing Officer/Director Detail

DIRECTOR

2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000082906

Entity Name: GOLDENCARE HOME HEALTH AGENCY, INC.

Current Principal Place of Business:

760 PONCE DE LEON BLVD 107 CORAL GABLES, FL 33134

Current Mailing Address:

760 PONCE DE LEON BLVD 107 CORAL GABLES, FL 33134 US

FEI Number: 65-0620020

Name and Address of Current Registered Agent:

FERNANDEZ, AYMEE 760 PONCE DE LEON BLVD CORAL GABLES, FL 33134 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	: AYMEE FERNANDEZ			11/29/2023	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	DIRECTOR	Title	DIRECTOR		
Name	BRACERAS, ELIZABETH	Name	BRACERAS, GISELE BARBARA	N Contraction of the second se	
Address	760 PONCE DE LEON BLVD	Address	760 PONCE DE LEON BLVD 107		
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134		

Certificate of Status Desired: No

11/29/2023

FILED Nov 29, 2023 Secretary of State 0925964677CC

Date