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

Name and Address of Current Registered Agent:

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:

CONIFF, BERNARD P

Electronic Signature of Registered Agent

Officer/Director Detail :

Title Р BRACERAS, ELIZABETH Name 760 PONCE DE LEON BLVD Address City-State-Zip: CORAL GABLES FL 33134

2018 FLORIDA PROFIT CORPORATION 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

PRESIDENT

Electronic Signature of Signing Officer/Director Detail



Date

Certificate of Status Desired: No

02/20/2018 Date

FILED Feb 20, 2018 Secretary of State CC4912984047